



1005 Ross Street | PO Box 500, Crossfield T0M 0S0  
 Phone: 403-946-5565 | www.crossfieldalberta.com



File Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Tax Roll No.: \_\_\_\_\_

**PLUMBING PERMIT APPLICATION FORM**

Development Permit No.: \_\_\_\_\_ Estimated Project Completion Date (mm/dd/yyyy): \_\_\_\_\_  
 Permit Applicant:  Owner  Contractor  Work has not started  Work is in progress  Work is complete

**Owner / Applicant:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location:** Municipality: Town of Crossfield Subdivision Name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Legal Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Please Provide a Detailed Description of Work:**

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Accessory Building <input type="checkbox"/> Ready to Move <input type="checkbox"/> Service Connection <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Bathtubs: _____ Basins: _____ Floor Drains: _____ Showers: _____ Grease Traps: _____ Laundry Tubs: _____ Bidets/Water Fountains: _____ Toilets: _____ Urinals: _____ Washing Machine: _____ Other Fixtures: _____ <b>Total:</b> _____

**FOIPP Notification:** The personal information required by the Town of Raymond application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Crossfield at 403-946-5565 or 1005 Ross Street, PO Box 500.

Journeyman's Name (print) \_\_\_\_\_ Journeyman's Signature \_\_\_\_\_ Homeowner's Signature (homeowner permit only) \_\_\_\_\_  
 Journeyman's Certification No.: \_\_\_\_\_ **Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.**

Office Use Only		
Permit Fee: \$ _____	SCC Levy: _____	Issuing Officer's Name: _____
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature: _____
	Receipt No.: _____	Designation No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque	Invoiced _____	Permit Issue Date (mm/dd/yyyy): _____
Credit Card Number: _____	Expiry Date: _____	CVC: _____