PLUMBING PERMIT APPLICATION

Leduc

Street Address:	OFFICE USE ONL	Y	
Project Legal Description:	Application Receiv	Application Received Date:	
Plan	Application Number		
Block			
Lot	Master Project Nur	nber:	
PROPERTY OWNER NAME:	Address:	Postal Code:	
	ne:Email:		
<u>г</u>			
CONTRACTOR COMPANY NAME:	(City of Leduc Bus. Lic. #	
Address: City:	Postal Code:	Phone:	
Email: (Approved Permit and Reports will be sent to this address)			
upon completion of the installation. Neither the granting of a permit, nor inspections by a Safety Codes Officer shall in anyway relieve the Contractor from full responsibility for carrying out the work in accordance with the Safety Codes Act, Codes, and Regulations pursuant to the Act. I am the journeyman plumber who represents the Contractor. Applicant/ Journeyman Plumber Name:			
Journeyman Plumber #:			
Signature:			
NUMBER OF FIXTURES:	·		
Back Water Valve Floor	Drain — Other (specify):	Urinal	
Basins/Lavatory Kitch		Water Closet	
, , , , , , , , , , , , , , , , , , ,	dry Machine Service Sink		
Dishwasher Laund	5		
Total Number of Fixtures			
Additional Information:			

FOIP Statement: The personal information requested on this form is being collected under the *Safety Codes Act* and the *Municipal Government Act* for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The information is being collected in accordance with Section 33 (c) of the *Freedom of Information and Protection of Privacy Act*. NOTE: The name of the permit holder and the nature of the permit is available to the public upon request. Questions regarding the collection of this personal information may be directed to the City Clerk at (780) 980-7177 at #1 Alexandra Park, Leduc, AB, T9E 4C4