



File Number: _____
 Date Received: _____
 Tax Roll No.: _____

210 N 200 W | Box 629, Raymond T0K 2S0
 Phone: 403-752-3322 | Fax: 403-752-4379 | www.raymond.ca

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 Raymond 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: _____ Total: _____

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 Raymond at 403-752-3322 or 210 N 200 W | Box 629, Raymond T0K 2S0.

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): _____