

PLUMBING PERMIT APPLICATION

TOWN OF VALLEYVIEW

BOX 270, VALLEYVIEW AB, T0H 3N0

PERMIT / ACCOUNT NO. _____

APPLICANT NAME (PLEASE PRINT): _____

BUSINESS NAME (IF APPLICABLE): _____

MAILING ADDRESS: _____

TELEPHONE (DAYTIME): _____ (EVENING): _____

SERVICE ADDRESS (CIVIC): _____ LOT _____ BLOCK _____ PLAN _____

LSD _____ 1/4 SEC. _____ SEC. _____ TOWNSHIP _____ RANGE _____ MER. _____ MAP PLAN NO. _____

HAVE YOU ACQUIRED THESE PERMITS?	TOWN OF VALLEYVIEW DEVELOPMENT PERMIT?	YES <input type="checkbox"/>
	PERMIT # _____	NO <input type="checkbox"/>
	PROVINCIAL BUILDING PERMIT?	YES <input type="checkbox"/>
	PERMIT # _____	NO <input type="checkbox"/>

PLEASE NOTE THAT SERVICE WILL NOT BE CONNECTED UNTIL ALL APPLICABLE PERMITS HAVE BEEN ACQUIRED.

CLASSIFICATION:	SERVICE:	LOCALE:	BOOK/ROUTE #
1. NEW <input type="checkbox"/>	WATER <input type="checkbox"/>	1. URBAN <input type="checkbox"/>	BOOK # <input type="checkbox"/>
2. ALTERATION <input type="checkbox"/>			
3. DISCONNECT <input type="checkbox"/>	SEWER <input type="checkbox"/>	2. RURAL <input type="checkbox"/>	ROUTE # <input type="checkbox"/>

METER / LINE SIZE	PERMIT CHARGE	OTHER CHARGES DESCRIPTION	AMOUNT	\$
WATER:			AMOUNT	\$
SEWER:			AMOUNT	\$
COMMENTS:			SUB-TOTAL	\$
GST #108130634RT0001			AMOUNT	\$
			TOTAL	\$

APPLICANT (PRINT): _____ APPLICATION DATE: _____

(SIGN): _____ ESTIMATED SITE READY DATE: _____

OWNER/AGENT: _____ TOWN REPRESENTATIVE: _____

FOR OFFICE USE ONLY

INSTALLATION DATE: _____	METER #: _____
METER READ: _____	REMOTE #: _____
METER LOCATION: _____	SEAL DATE: _____
INSTALLED BY: _____	CK'D BY: _____
ADDITIONAL COMMENTS: _____	
