

Construct

Reconstruct

## **PLUMBING PERMIT APPLICATION**

Community Health Services

Box 1300

the plumbing system on the premise or property of:

Rosetown, SK S0L 2V0 Phone: 306-882-2672 Ext. 3, Option 3 Fax: 306-882-6474

Application must submitted with payment and approved prior to commencing work In compliance with the provisions of The Plumbing Regulations application is hereby made for permission to:

Connect

Location of Installation				Street				
City, Town or Village Lot			Block		Plan	Plan		
			Brock					
R.M. #	Quarter	Sectio	n	Tov	wnship	Range	West of Meridian	
Plumbing Firm			Address			Certificate of	Certificate of Status #	
E-mail Address			Town/City					
							☐ Journeyman ☐ Other	
Phone# Cell#			Postal Code			☐ Other		
Permit Applicant			Address			Signature		
Phone #			Same as plumber ☐ Same as homeowner ☐					
Property Owner	E-mail Address							
Mailing Address F		Po	ostal Code Phone#		Cell#			
PLUMBING SYSTEM – Number of fixtures to be installed								
Kitchen Sinks Show			ver Stalls			Laundry Tubs	Laundry Tubs	
Lavatories Bath			Tubs			Clothes Washer	Clothes Washer (No charge)	
Water Closets Floor			Drains (No Charge)			Other Fixtures	Other Fixtures	
Will this plumbing system be connected to municipal water system or pipeline?								
PERMIT FEES (GST is included in the fees indicated below)								
Total Number of Fixtures (\$100 for first 10; \$5 for each additional fixture) Permit Fee \$								
<b>NOTE</b> : A separate permit must be obtained for private sewage works.								
No portion of the Plumbing and/or Private Sewage Works is to be covered over without an Inspection.  Forward payment and completed application to:								
Fax or Email Community Services at 306-882-6474 or								
<pre>public.health@hrha.sk.ca after completing paym information below:</pre>			ent OR mail applicatio				n with cheque attached to address que # for cross-reference purposes.	
☐ Visa ☐ Master				1	r			
				Che	Cheque # (payable to <b>Heartland Health Reg</b> i		and Health Region)	
Credit Card #				   Mailing Address:				
				Community Health Services				
Name of Cardholder (as shown on card)				Public Health Inspectors Box 1300				
Cardholder Signature				Rosetown, SK S0L 2V0				