Part 3 Building Plumbing Permit Application

Reset Form

Applicant:	Property Owner:	Contractor:
Mailing Address:	Mailing Address:	Mailing Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:

Location: *(Civic Address OR Legal Description)*	**Jurisdiction:**
Building Name:	**Building Size:**

Class of Work:

☐ New ☐ Repair ☐ Alteration

☐ Addition ☐ Renovation ☐ Other:_____

Major Occupancy:	**Building Permit No.:**

No. of Dwelling Units:	**No. of Other Units**	**No. of Storeys**

NUMBER AND LOCATION OF FIXTURES (TRAPS)

FLOOR		WATER CLOSETS	BATHTUBS	BASINS	KITCHEN SINKS	LAUNDRY TUBS	AUTO WASHERS	SHOWERS	URINALS	OTHER				FLOOR DRAINS	ROOF TERMINALS	FEES $15/UNIT
Basement	FIXTURES															
1st	FIXTURES															
2nd	FIXTURES															
3rd	FIXTURES															
4th	FIXTURES															
														TOTAL		

For additional storeys please itemize on a separate sheet

Signature:_____ Date:_____

WHEN VALIDATED THIS IS YOUR PERMIT *(Official Use Only)*

Validated By:	**Plumbing Permit No.**
_____ Date: _____	_____