



IJD Inspections Ltd.
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 www.ijd.ca

PERMIT # _____
 Office Use

PLUMBING PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mm/dd/yyyy): _____
 Development Permit No. (if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Owner Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Municipality of Project: Town of Crossfield Subdivision/Hamlet: _____
 Street/Rural Address: _____ Apt/Unit: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M

Description of Work:

Work has not started Work is in progress Work is completed Unknown when work was completed (permit needed for home sale)

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Relocatable Industrial # of drops _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation (Interior) <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Manufactured Homes/RTM # of drops _____ Foundation Type _____ <input type="checkbox"/> Other _____	Kitchen Sinks: _____ Lavatory Sinks: _____ Showers: _____ Bathtubs: _____ Toilets/Bidets: _____ Urinals: _____ Janitor Sink: _____	Laundry Tubs: _____ Clothes Washer: _____ Roof Drains: _____ Floor Drains: _____ Grease Traps: _____ Water Fountains: _____ Other Fixtures: _____
		Total # of Fixtures _____	

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided is authorized under section 4(c) of the Protection of Privacy (POPA) Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the municipality.

Journeyman's Name (please print) _____ **X** Journeyman's Signature _____ **OR X** Homeowner's Signature (homeowner permit only) Homeowner Declaration:
 Journeyman's Certification No.: _____ By signing this I hereby certify that I own/will own and occupy this dwelling.

PERMIT FEE SUMMARY			
Permit Fee:	\$ _____	New Adjusted Fee	\$ _____
Travel Fee:	\$ _____	Adjusted SCC Levy	\$ _____
SCC Levy:	\$ _____	Subtotal	\$ _____
Total Permit Cost	\$ _____	Total Credit/Refund	\$ _____
Receipt#	_____	Receipt #	_____
<input type="checkbox"/> Cash <input type="checkbox"/> E-Transfer (to: permits@ijd.ca) <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card			

Homeowner (homeowner permits) or the Journeyman (contractor permits).
 Contractors are required to obtain a **Business License** through the Town of Crossfield

Email completed application form to: permits@ijd.ca