



CITY OF LLOYDMINSTER PLUMBING PERMIT

Permit Number

Permit Applicant Type: Contractors ONLY

City PP App # _____ City PP # _____

Application Date (M/D/Y): _____

Superior BP #: _____

Tax Roll Number: _____

City BP # _____ City DP #: _____

APPLICANT INFORMATION

Owner Name: _____
Mailing Address: _____
City: _____ Prov: _____
Postal Code: _____ Phone: _____
Alt Phone: _____ Fax: _____
Email Address: _____

Contractor Name: _____
Mailing Address: _____
City: _____ Prov: _____
Postal Code: _____ Phone: _____
Alt Phone: _____ Fax: _____
Email Address: _____

SITE INFORMATION

Civic Address of Property to be Developed: _____
Lot: _____ Block: _____ Plan: _____ Subdivision Name: _____

INSTALLATION INFORMATION

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Addition Renovation Accessory Building Manufactured Home Basement Dev. Other
Description of Work: _____

Plumbing (Insert number of each item):

Kitchen Sinks: _____ # Laves/Wash Basins: _____ # Showers: _____ # Laundry Sinks: _____
Toilets: _____ # Washing Machine: _____ # Bathtubs: _____ # Floor Drains: _____
Bar Sink: _____ # Drinking Fountains: _____ # Urinals: _____ # Other Fixtures: _____
Total # of Fixtures: _____

APPLICATION TERMS & CONDITIONS

Terms and Conditions: I hereby agree that I have read this application and state that the above is correct and agree to comply with all City Bylaws and/or Provincial Laws which are applicable to this application. It is expressly understood that the issuing of a plumbing permit and review of plans does not relieve the applicant or owner from complying with all Bylaws, though not called for in the specifications or shown on the plans or information submitted and/or this application.

Journeyman Plumber's Name (Please print) Journeyman's Certification Number Journeyman's Signature

PERMIT FEES & PAYMENT INFORMATION (For Office Use Only)

Permit Fee: \$ _____
Payment Method: Visa M/C Debit Cheque Cash Cheque Number / Authorization: _____
Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____
Name of Cardholder: _____ Signature of Cardholder: _____

PERMIT VALIDATION SECTION (For Office Use Only)

Special Conditions: _____

Permit Issuer's Name (print or type) Permit Issuer's Signature
Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____



INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 780-870-9020 Fax 780-870-9036
Allow 24-48 hours notice for inspection