

# RESIDENTIAL PLUMBING PERMIT APPLICATION

1060 Hwy 26, St. François Xavier, MB, R4L 1A5 • Phone: 204-864-2092 • building@rm-stfrancois.mb.ca • www.rm-stfrancois.mb.ca

## PROPERTY INFORMATION

JOB SITE CIVIC ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: PARCEL \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ PLAN \_\_\_\_\_

## CONTACT INFORMATION

### LAND OWNER INFORMATION

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICANT INFORMATION

Same as Owner

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Same as Applicant

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## REQUIRED INFORMATION

Number of Plumbing Fixtures: \_\_\_\_\_

Estimated Value: \_\_\_\_\_

Includes all floor drains, roof vents, and interceptors.

Description of work(s): \_\_\_\_\_

\_\_\_\_\_

## REQUIRED SUPPORTING DOCUMENTS

Layout Plan of Proposed Work

## DECLARATION

I hereby acknowledge that if granted a permit pursuant to my/our application, that it is my/our responsibility to ensure compliance with the Building Code, Building Bylaw and any other applicable enactment, code, regulation or standard relating to the work in respect of which the permit is issued, whether or not said work is undertaken by me/us or by those whom I/we retain or employ to provide design and/or construction services.

I hereby acknowledge that additional documentation may be required at the request of the development officer prior to the approval of my/our application.

I hereby certify that I am the owner or duly authorized agent (authorization attached) of the land on which this building /development is proposed and make application for Permit(s) as set out;

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

### ADDITIONAL REQUIRED DOCUMENTATION

Proof of Ownership

Letter of Authorization

Other \_\_\_\_\_

BUILDING PERMIT #: \_\_\_\_\_ ROLL #: \_\_\_\_\_ ZONING: \_\_\_\_\_ DATE OF SUBMISSION: \_\_\_\_\_

PLUMBING PERMIT #: \_\_\_\_\_ FRONT SETBACK: \_\_\_\_\_ SIDE SETBACK: \_\_\_\_\_ REAR SETBACK: \_\_\_\_\_