



Town of Legal

Box 390

Legal, Alta. T0G 1L0

Phone: (780) 961-3773 Fax: (780) 961-4133

PLUMBING PERMIT

Permit Number : _____

Date (Y/M/D) : ____/____/____

OFFICE USE ONLY

Issuing Officer: _____

Designation #: _____

Signature: _____

Please Print Information Clearly:

1. Name of Municipality : **Town of Legal**
2. Project Installation Address _____
3. Legal: Lot _____ Block _____ Plan _____ Subdivision Name (if applicable) _____
4. Premises owned by _____ Premises occupied by _____
5. Owners Mailing Address _____ PH# _____
6. Does this installation require a service connection? YES NO
7. Permit Type: Residential Property Owner Certified Installer

| TYPE OF OCCUPANCY (indicate major occupancy) | NO. OF FIXTURES | WATER AND/OR SEWER SERVICES | PRIVATE SEWAGE |
|--|--|--|--|
| <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> FARM/RANCH <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OILFIELD/GAS <input type="checkbox"/> INSTITUTIONAL | Basins <input type="checkbox"/> Bathtubs <input type="checkbox"/> Laundry <input type="checkbox"/> Kitchen Sinks <input type="checkbox"/> Toilets <input type="checkbox"/> Showers <input type="checkbox"/> Floor Drains <input type="checkbox"/> Other Fixtures <input type="checkbox"/> Total No. of Fixtures <input type="checkbox"/> | <input type="checkbox"/> Mobile Home/Factory Assembled Building Connection <input type="checkbox"/> Water and/or Sewer Connection <input type="checkbox"/> Disconnect from Septic Connect to Municipal NOTE: Separate Water/Sewer connection applications required for the Town of Legal Municipal Water & Sewer | <p align="center">Please use separate private sewage disposal application form.</p> |

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days and expires after one year without an extension request.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection Privacy Act.

Permit Holder Signature: _____

Permit Holder Name: _____

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

Installer No.: _____

Type of Payment: INTERAC CASH CHQ

Permit Fee \$ _____ Bldg. Permit # _____

Safety Codes \$ _____ Receipt # _____

\$4.50 or 4% of permit fee (whichever is greater)

Total Fee \$ _____ Tax Roll # _____

Please contact The Inspections Group @ (780)454-5048 Fax: (780)454-5222 for inspections!