



**Village of Vilna**  
 PO Box 10  
 VILNA AB T0A 3L0  
 Phone: (780) 636 3620  
 Fax: (780) 636 3022  
 www.vilna.ca

Permit Sticker

**The Inspections Group Inc.**  
 12010 – 111 Avenue NW  
 EDMONTON AB T5G 0E6  
 Phone: (780) 454 5048 / (866) 554 5048  
 Fax: (780) 454 5222 / (866) 454 5222  
 www.inspectionsgroup.com

**PLUMBING PERMIT APPLICATION FORM**

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type:  Homeowner  Contractor

Cost of Installation (Labor & Material): \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act RSA 2000, Chapter S-1 state: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days." Please note that a onetime ninety (90) day extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I assume responsibility for compliance with the applicable Act and Regulations".

Company Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Installer's Number \_\_\_\_\_ Print Installer's Name \_\_\_\_\_ Installer's Signature \_\_\_\_\_

**Project Location in The Village of Vilna:**

Street Address: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**TYPE OF OCCUPANCY:**

- Residential
- Farm/Ranch
- Commercial
- Industrial
- Oilfield/Gas
- Institutional
- Mobile
- Manufactured

**NUMBER OF FIXTURES:**

(Number of Fixtures)

- Kitchen Sinks \_\_\_\_\_
- Basins \_\_\_\_\_
- Showers \_\_\_\_\_
- Laundry \_\_\_\_\_
- Toilets \_\_\_\_\_
- Washers \_\_\_\_\_
- Bathtubs \_\_\_\_\_
- Floor Drains \_\_\_\_\_
- Grease Traps \_\_\_\_\_
- Bidets/Water Fountains \_\_\_\_\_
- Urinals \_\_\_\_\_
- Other \_\_\_\_\_
- Total \_\_\_\_\_

**WATER AND OR SEWER SERVICE:**

- Disconnect from Septic Connect to Municipal Sewer
- Water and/or Sewer Services
- Mobile Home/Factory Assembled Building Connection

**PLUMBING DESCRIPTION OF WORK:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SQUARE FOOTAGE:** \_\_\_\_\_

Payment Type:  Cash  Cheque  C/C Agreement  Interac

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

**TIGI OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

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 of Privacy Act.