



**Tsuut'ina Development
Authority
Plumbing Code Services**

Label

Applicant Type: ☐ Owner ☐ Contractor

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner: _____ **Mailing Address:** _____

City: _____ **Prov.:** _____ **Postal Code:** _____ **Phone:** _____

Cell Number: _____ **Email Address:** _____ **Fax:** _____

Contractor: _____ **Mailing Address:** _____

City: _____ **Prov.:** _____ **Postal Code:** _____ **Phone:** _____

Cell Number: _____ **Email Address:** _____ **Fax:** _____

Project Location:

Street or Rural Address: _____ **Subdivision or Name:** _____

Unit or Suite #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____

Legal Subdivision: **Part of:** _____ **¼ Sect:** _____ **Twp:** _____ **Rge:** _____ **W of:** _____

Directions: _____

Project Information: ☐ Commercial ☐ Multi Family ☐ Industrial ☐ Institutional

Type of Work: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ Connection ☐ Other

Description of Work: _____

Plumbing (Insert number of each item):

Total Developed Area _____

Kitchen Sinks: _____ **# Laves/Wash Basins:** _____ **# Showers:** _____ **# Laundry Tubs:** _____

Toilets: _____ **# Washing Machine:** _____ **# Bathtubs:** _____ **# Floor Drains:** _____

Sumps: _____ **# Bar Sink:** _____ **# Urinals:** _____ **# Other Fixtures:** _____

of Drops (Mobile): _____ **# Water/Sewer Connection:** _____ **Total # of Fixtures:** _____

Applicant Declaration: Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. This application is valid for one year. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Journeyman's Name (Please print) _____

Journeyman's Signature _____

Homeowner's Signature (Homeowner's only) _____

Journeyman's Certification Number _____

Project Value (Materials & Labour): \$ _____

Total Developed Area: _____ Sq. Ft

Fee \$ _____

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque **Authorization / Cheque Number** _____

Validation Section to be completed by Issuer:

Inspecting SCO: _____

Special Conditions: _____

Issuer's Name (print or type) _____

Issuer's Signature _____

Issuer's Designation Number: _____

Date of Issue (M/D/Y): _____