



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: \$ _____ **SSCI Portion:** \$ _____
 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): _____