** District of Port Hardy**

**Plumbing Permit Application**

 ***Building & Licensing Services***

 7360 Columbia St., PO Box 68 Port Hardy, BC V0N 2P0

 Tel. (250) 949-6665  Fax: (250) 949-7433

**Description of Property** DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROLL #**­\_\_\_\_\_\_\_\_\_\_\_\_**PERMIT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Civic Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lot(s) \_\_\_\_\_\_ Block \_\_\_\_\_Section \_\_\_\_\_ Dist \_\_\_\_\_\_\_\_Township\_\_\_\_\_\_\_\_ Zoning\_\_\_\_\_\_\_\_ Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contacts**

**Owner**

|  |  |
| --- | --- |
| Name | Company |
| Address | City |
| Email | Postal Code |
| Phone | Cell | Fax |

**Plumber**
(Licensed plumber required)

|  |  |
| --- | --- |
| Name | Company |
| Address | City |
| TQ # | Postal Code |
| Phone | Cell | Fax |

**Plumbing Fixtures:** (please indicate the number of each fixture)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Auto Washer** |  | **Interceptor / Acid Neutralizer** |  | **Altering Storm / Sewer** |  |
|  **Basin** |  | **Janitor Sink** |  | **Sump Pump / Catch basin** |  |
|  **Bath** |  | **Laundry Tubs** |  | **Toilets** |  |
|  **Dishwasher** |  | **Sanitary** |  | **Underground Irrigation** |  |
|  **Drainage Repair** |  | **Shower** |  | **Backflow Preventor** |  |
|  **Drinking Fountain** |  | **Sink** |  | **Urinal** |  |
|  **Floor Drains** |  | **Sprinkler Heads** |  | **Water Service Meter**  |  |
|  **Hot Water Tank** |  | **Storm** |  | **Other** |  |

**Plumbing Permit Application**

***\*Please note - before an application can be accepted the following documents must be present at the time of application.***

* A completed application form
* If a licensed plumber is not present to make application **the homeowner** must provide the following information with the application:
* Schematic drawings illustrating the work to be carried out along with a materials list.
* Commercial projects require a **Licenced Plumber.**

Private Sewerage System Installations

Where the District of Port Hardy requires that proof of compliance with the Sewerage System Regulation be provided pursuant to the Building Bylaw, I confirm that I have been advised that it relied exclusively on the filing number provided by the health authority as a result of an authorized person filing documents in compliance with Section 8 of the Sewerage System Regulation, and that it has not inquired as to the adequacy of the sewerage system.

I confirm that I have relied only on the authorized person who filed documents pursuant to Section 8 of the Sewerage System Regulation for assurances regarding the adequacy of the sewerage system.

**I understand, agree and will abide with the attached instructions regarding plumbing permit applications and inspection.**

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**­­***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Print Name

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

*Signature of Owner(s )or Agent Date*

20. **All contractors and sub-contractors require business licenses to operate within the Town limits.**

Copies to: Property File – Electronic File

|  |
| --- |
| **OPERATIONAL SERVICES TO ADVISE** **WATER & SEWER CONNECTIONS** |
| Water Pipe Size |  |  |
| Sewer Pipe Size |  |  |
|  | Yes | No | Cost |
| Service Connection Fee |  |  |  |
| Installation of New Water Meter |  |  |  |
| Standard Water Connection |  |  |  |
| Non Standard Water Connection |  |  |  |
| Sewer Connection  |  |  |  |
| Non Standard Sewer Connection |  |  |  |
| Damage Deposit  |  |  |  |
| Cost of Permit |  |  |  |

|  |
| --- |
| **Application Approved** Building Inspector:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Op. Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Planning Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Finance Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |