

Application for Plumbing Permit

Building Permit #

Roll Number

Owner Name:
Address
Phone #:

Job Location (if different from Owner)
Address:
Phone #:

F) Contractor (if applicable) Name:
Address
Phone #:

Work Described As:

- New Construction
- Replacement
- Repair
- Alter

Type of Building: _____

TYPE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR	FIXTURES (EACH)
BATH GROUP (TOILET, SINK, TUB/SHOWER)					6
SINK OR BASIN					1.5
BATHTUB OR SHOWER					1.5
WATER CLOSETS (FLUSH TOILETS)					4
LAUNDRY TUBS					1.5
AUTOMATIC WASHERS					1.5
WATER FOUNTAINS					1.5
INTERCEPTORS OIL/GREASE					2
CLEANOUTS					
PUMPS					
SPECIAL – SPECIFY:					
VENTING SIZE(S)					

North Bay Mattawa Conservation Authority Sewage System approval (if applicable)

Date Application Received _____

Applicant Signature _____

Permit Fee _____

Inspector Signature _____

All inspections must be requested by calling the inspector Cheryl Maki at (705) 685-7893 48 hours in advance of the following:

- 1) Rough-in of underground services / above ground services / plumbing
- 2) Final Water / Air / Smoke Test

I/We agree to comply with the provisions of the plumbing code and in accordance with the information and/or plans and specifications herein submitted. I/We further agree to advise the plumbing inspector of any changes in this information and to notify the same prior to any inspections, as they are required. Personal information contained on this form is collected pursuant to the freedom of information and protection of privacy legislation and will be used for the purpose of responding to your application.