



Application for Plumbing Permit

PROPERTY INFORMATION

Assessment Roll No.: _____	Or Severed From <input type="checkbox"/>
Municipal Address: _____	
No.	Street
City/Town	
Lot #: _____	Conc. #: _____
Plan #: _____	Parcel #: _____
Ref. Plan #: _____	Former Municipality: _____
	Former Township: _____

PLUMBING INFORMATION

<input type="checkbox"/> Residential	<input type="checkbox"/> Other	___ Water Closet	___ Lavatory	___ Bathtub	___ Shower
<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Barrier Free	___ Pressure Pump	___ Hot Water Tank	___ Laundry Tub	___ Clothes Washer
<input type="checkbox"/> Fire Separations	<input type="checkbox"/> Fire Stop	___ Dishwasher	___ Sink	___ Floor Drain	___ Sewage ejector
<input type="checkbox"/> New Building	<input type="checkbox"/> Old Building	___ Roof Hopper	___ Drinking Fountain	___ Interceptor	___ Grease Trap
		___ Urinal	___ Water Softener	___ Backwater Valve	___ Sump
Description of Work: _____			Permit Fee: _____ <input type="checkbox"/> Other		

OWNER INFORMATION

Name of Owner: _____	Phone: _____
Address: _____	Postal Code: _____
	Email Address: _____

CONTRACTOR INFORMATION

Name: _____	Phone: _____
Address: _____	Postal Code: _____
Registration No.: _____	Email Address: _____

APPLICANT INFORMATION

Name: _____	Phone: _____
Address: _____	Postal Code: _____
	Email Address: _____

OWNER'S AUTHORIZATION

APPLICANT CERTIFICATION

<p>I, _____, the owner of the <small>Name (Please print)</small> subject property, hereby authorize the above-mentioned contractor to act on my behalf with respect to all matters pertaining to the proposed construction. I am aware that neither the granting of a permit, nor the approval of plans nor inspections made by the building official shall in any way exempt the owners from complying with the Ontario Building Code or any other applicable law.</p> <p>Signature: _____ Date: _____</p>	<p>I _____ the <small>Name (Please print)</small> undersigned certify all the information provided herein is true and accurate and agree to comply with the provisions of the Building By-laws & Zoning By-laws of Haldimand County and any amendments thereto. I/We further agree that neither granting of a Permit nor the approval of the plans nor inspections made by the building official shall relieve me/us from full responsibility for carrying out work in accordance with the above-mentioned by-laws or pertinent rules or regulations.</p> <p>Signature: _____ Date: _____</p>
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****IMPORTANT****	After permit issuance, please ensure that all required inspections are completed and said permit is finalized. It has been this Division's experience that outstanding building permits could affect future sales and/or mortgaging of a property.
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NOTE: Personal information provided on this form is collected pursuant to the Ontario Building Code Act and the Haldimand County Building By-law and will be used for the purpose of reviewing this application and preparation of monthly reports