



## Building Department Plumbing Permit Application

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

For use by the Town of Blind River	
Permit Number:	Roll Number:
Date Received:	57-38-000-

Application submitted to : The Corporation of the Town of Blind River

A. Project Information	
Location/ Street Address	
Lot No:	Subdivision:
TO: <input type="checkbox"/> CONSTRUCT <input type="checkbox"/> REPAIR <input type="checkbox"/> RENEW <input type="checkbox"/> ALTER    the plumbing.	
Description of Work:	
Present Use	
Proposed Use	
Type of Pipe	
Is a Building Permit Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	

B. Sketch Plan	
No. of Fixtures	Sketch plan of plumbing indicating location and size of fixtures, building drains and sewers, waste pipes, traps, cleanouts, vents and water distribution piping.
<input type="checkbox"/> Sewer Hookup	<input style="color: red; font-size: 2em;" type="radio"/> red hot water <input style="color: blue; font-size: 2em;" type="radio"/> blue cold water
<input type="checkbox"/> Roof Drain	
<input type="checkbox"/> New Piping	
<input type="checkbox"/> Vent Stack	
<input type="checkbox"/> Water Basin	
<input type="checkbox"/> Bidet	
<input type="checkbox"/> Bath Tub	
<input type="checkbox"/> Floor Drain	
<input type="checkbox"/> Shower Stall	
<input type="checkbox"/> Wash Basin	
<input type="checkbox"/> Kitchen Sink	
<input type="checkbox"/> Bar Sink	
<input type="checkbox"/> Drinking Fountain	
<input type="checkbox"/> Slop Sink	
<input type="checkbox"/> Urinal	
<input type="checkbox"/> Laundry Tub	
<input type="checkbox"/> Washing Machine	
<input type="checkbox"/> Indirect Waste	
<input type="checkbox"/> Dish Washer	
<input type="checkbox"/> Grease Trap	
TOTAL	TOTAL FEES

<b>C. Applicant/ Person in Charge</b>				Applicant is : <input type="checkbox"/> Owner		<input type="checkbox"/> Authorized Agent of Owner	
Last name		First name		Corporation or partnership			
Street address			Unit number		Lot/con		
Municipality		Postal Code		Province		E-mail	
Telephone number		Fax			Cell Number		

<b>D. Owner (if different from applicant)</b>							
Last name		First name		Corporation or partnership			
Street address			Unit number		Lot/con		
Municipality		Postal Code		Province		E-mail	
Telephone number		Fax			Cell Number		

<b>E. Plumber</b>							
Last name		First name		Corporation or partnership			
Street address			Unit number		Lot/con		
Municipality		Postal Code		Province		E-mail	
Telephone number		Fax			Cell Number		
Master Plumber		License No			Expiry Date		
<p>Approved by: _____ Plumbing Insp.    Date: _____</p>							

<b>F. Declaration of Applicant</b>	
<p>I <input type="text"/> declare that:</p> <p style="text-align: center;">(print name)</p>	
<p>1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p>	
<input type="text"/> Date	_____ Signature of Applicant