



PLUMBING PERMIT APPLICATION

Date: _____

EMAIL COMPLETE APPLICATION TO DEVSERV@SUMMERLAND.CA

Fee: \$150.00

Name of Applicant: _____

Email: _____

Address: _____

Phone Number: _____ ☐ Owners Authorization Attached

Property Information

Name of Owner (s): _____

Civic Address: _____ Roll # _____

Legal Address: _____

What is the proposed use of this building? _____

Building Type: ☐ Single Family ☐ Multi-Family ☐ Institutional ☐ Commercial ☐ Industrial

Class of Work: ☐ New ☐ Repair ☐ Addition ☐ Alteration ☐ Fire Suppression

Connections: ☐ Water ☐ Sewer ☐ Storm

Size of water line to be installed: _____ Length of line to be installed: _____

***Please provide site plan identifying location of all existing and proposed services**

Description	No.	Description	No.	Description	No.	Description	No.
Toilet		Laundry Tub		Water Fountain		Water Meter	
Tub / Shower		Dishwasher		Urinal		Janitor Sink	
Kitchen Sink		Garbage Disposal		Roof Drain		Eye wash	
Bathroom Sink		Back Flow Preventer		Man Hole		Oil Interceptor	
Hose Bibb		Water Softener		Catch Basin		Grease interceptor	
Floor Drain		Lawn Sprinkler		Sewage Pump		Sprinkler heads	
Auto Washer		Fire Hydrant		Water Heater		TOTAL	

Miscellaneous: (Please describe fixtures to be installed) _____

I / We understand that the personal information on this form is collected under the authority of the Community Charter, Local Government Act and the District's Bylaws for the purpose of processing this application and for administration and enforcement. In accordance with the Freedom of Information and Protection of Privacy Act, this application and associated documentation may become part of a public record.

I/WE HEREBY DECLARE THAT ALL THE ABOVE STATEMENTS AND THE INFORMATION CONTAINED IN THE MATERIAL SUBMITTED IN SUPPORT OF THIS APPLICATION ARE TO THE BEST OF MY/OUR BELIEF TRUE AND CORRECT IN ALL RESPECTS.

Signature of Applicant

Printed Name of Applicant

Date