PERS – Application for Plumbing Permit

Planning, Engineering & Regulatory Services

ST. J@HN'S

Application for Plumbing Permit

Internal Use Only						SECTION 1	
Application Number							
Date Received			Par	cel I.D			
Project Information						SECTION 2	
Civic Address							
Subdivision Name				Lot #			
Project Value Estimate (Materials & Labour) (\$)							
Purpose of Application SECTION 3							
Type of Building:	Residentia		nmercial	Industrial	Institutional (C	Government)	
Type of Work (select all that apply):							
	New Cons	struction	Addition	Alte	eration/Renovation	Repair	
Fixture Count:							
Work Type		Number		Cost (Office Use)			
Water Closet							
Basin							
Bath							
Sink							
Urinal Shower							
Boiler							
Clothes Washer							
Laundry Tub							
Floor Drain							
Dish Washer							
Roof Drain							
Exterior Hose Bib							
Water Fee							
Misc.							
Total							

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Purpose of Application Continued		SECTION 3				
Is this work associated with a Building Application? Detailed Description of Proposed Work:	Yes No)				
Applicant Contact Information		SECTION 4				
Contractor Name	Trade Name					
Address						
Phone (Work)						
Email Address						
Owner Contact Information		SECTION 5				
Name						
Address		ode				
Phone (Home) (Work)	(0	Cell)				
Email Address						
Note: Name of property owner must match that listed on the City of St. John's Assessment Roll						
Applicant Signature of Agreement		SECTION 6				
I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all City Regulations & By-Laws, agree to develop in accordance with the plans approved by the City of St. John's and not to commence development without applicable written approval and permits from the City of St. John's. In addition, I acknowledge that I have reviewed this application and agree to provide any additional information requested and to pay all applicable fees as noted on the City's fee schedule (www.stjohns.ca). To view these fees, please click on the link below that pertains to your application: Inspection Services Fees and Rates						
Note: Where the applicant and property owner are not the same, the signature of the property owner is required before the application can be accepted for processing.						
Applicant Signature	Date (yyyy-mm	-dd)				
Property Owner Signature	Date (yyyy-mm	-dd)				
Staff Signature	Date (yyyy-mm	-dd)				

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Privacy Statement SECTION 7

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your Plumbing Permit Application. Questions about the collection and use of the information may be directed to the Manager of the Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Please submit completed form to:

Inspection Services 3rd Floor - Annex 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2

Email: permits@stjohns.ca Fax: 709-576-8160

Call: 709-576-8565

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