

<b>ST. JOHN'S</b>	<b>PERS – Application for Plumbing Permit</b>	<b>Planning, Engineering &amp; Regulatory Services</b>
<b>Application for Plumbing Permit</b>		
Internal Use Only		<b>SECTION 1</b>
Application Number _____ Parcel I.D. _____ Date Received _____		
Project Information		<b>SECTION 2</b>
Civic Address _____ Description of Location _____ Project Value Estimate (Including Labour & Materials) (\$) _____		
Purpose of Application		<b>SECTION 3</b>
Type of Building:      Residential      Commercial      Industrial      Institutional (Government)		
Type of Work (select all that apply):		
New Construction		
Existing Building or Structure:      Addition      Alteration/Renovation      Repair		
Is this work associated with a Building Application?:		
Yes      No      If yes, provide application number _____		
Detailed Description of Proposed Work:		

**PERS – Application for Plumbing Permit****Planning, Engineering  
& Regulatory Services**

Purpose of Application Continued

**SECTION 3**

Fixture Count:

<b>Work Type</b>	<b>Number</b>	<b>Cost (Office Use)</b>
Water Closet		
Basin		
Bath		
Sink		
Urinal		
Shower		
Boiler		
Clothes Washer		
Laundry Tub		
Floor Drain		
Dish Washer		
Roof Drain		
Exterior Hose Bib		
Water Fee		
Misc.		
<b>Total</b>		

Applicant Contact Information

**SECTION 4**

Contractor License Name \_\_\_\_\_

Company Trade Name \_\_\_\_\_

Contractor License Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Property Owner Information

**SECTION 5**

Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

**Note: Name of property owner must match that listed on the City of St. John's Assessment Roll.****ST. JOHN'S**

NEWFOUNDLAND AND LABRADOR, CANADA

<b>PERS – Application for Plumbing Permit</b>	<b>Planning, Engineering &amp; Regulatory Services</b>		
Applicant Signature of Agreement	<b>SECTION 6</b>		
<p>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 &amp; 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 (<a href="http://www.stjohns.ca">www.stjohns.ca</a>). To view these fees, please click on the link below that pertains to your application:</p> <p><a href="#">Inspection Services Fees and Rates</a></p> <p><b>Note: Incomplete or incorrect applications will be returned and must be resubmitted. 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.</b></p> <p>Applicant Signature _____ Date (yyyy-mm-dd)_____</p> <p>Property Owner Signature _____ Date (yyyy-mm-dd)_____</p> <p>Staff Signature _____ Date (yyyy-mm-dd)_____</p>			
Privacy Notice	<b>SECTION 7</b>		
<p>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: <a href="mailto:building@stjohns.ca">building@stjohns.ca</a> or by phone 709-576-8565.</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: top;">           Please submit completed form to: Inspection Services            3<sup>rd</sup> Floor - Annex            10 New Gower Street            P.O. Box 908            St. John's NL A1C 5M2         </td> <td style="width: 40%; vertical-align: top;">           Email: <a href="mailto:permits@stjohns.ca">permits@stjohns.ca</a>            Fax: 709-576-8160            Call: 709-576-8565         </td> </tr> </table>		Please submit completed form to: Inspection Services 3 <sup>rd</sup> Floor - Annex 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2	Email: <a href="mailto:permits@stjohns.ca">permits@stjohns.ca</a> Fax: 709-576-8160 Call: 709-576-8565
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