



Application for Plumbing Permit

The Corporation of the Township of Esquimalt

Engineering Services, 1229 Esquimalt Road, Esquimalt B.C., V9A 3P1
Telephone (250) 414-7103, Fax (250) 414-7160

NOTE: All data fields must be filled for the application to be processed. Put N/A in any field that does not apply.

LOT: _____ BLOCK: _____ SECTION: _____ PLAN: _____

SITE ADDRESS: _____ APP NO: _____

PROJECT DESCRIPTION: _____ RCPT NO: _____

DWELLING UNITS: _____ ROUGH IN ONLY: _____

OWNER	PLUMBER	T.Q.No.
ADDRESS 1	NAME OF COMPANY	
ADDRESS 2	ADDRESS OF COMPANY	
	Business Licence Type:	
CITY Postal Code	CITY Postal Code	
DAY PHONE	PHONE	Email:

FIXTURES	NUMBER	OTHER	NUMBER
WATER CLOSET		HOT WATER STORAGE TANK	
URINALS		FLOOR DRAIN FOR HOT WATER TANK	
BATHS		SEWER PERMIT	
SHOWERS		SEWER PERMIT / NEW AREA	
BASINS		SEPTIC TANK CONNECTION	
SINKS		STORM DRAIN PERMIT	
DRINKING FOUNTAINS		WATER SERVICE PERMIT [THERMAL EXPANSION TANK]	
JANITOR SINKS		ROOF DRAINS	
BAR SINKS		INTERNAL ROOF LEADER	
GREASE TRAP		MANHOLES/INTERCEPTORS/PUMP STATION	
FLOOR DRAINS		FIRE SPRINKLERS HEADS	
LAUNDRY TRAYS		STANDPIPE HOSE OUTLETS	
AUTOMATIC WASHERS		IRRIGATION SYSTEMS – COMMERCIAL	
SOLAR HOT WATER [Design Required]		IRRIGATION SYSTEMS – RESIDENTIAL	
OTHER		SWIM.POOL WATER AND DRAIN CONNECTIONS	
OTHER		OTHER	

The owner and contractor agrees to save harmless the Municipality and its employees from any claims, or action arising out of the installation of the plumbing system, development of the site, inspection of the building plans, site or building, including one based on negligence of the Municipality or its employees. I have read, understood and agreed to the above conditions.

 Plumbing Contractor's Signature Print Name Date

Personal Information Declaration: *Any personal information provided in this application is collected for the purpose of administering the Local Government Act, and the bylaws of the municipality under the Local Government Act, and under the authority of those enactments. Questions about the collection of the information may be directed to the Head of Freedom of Information Officer, 1229 Esquimalt Road, Esquimalt, BC V9A 3P1, 250-414-7135.*

Building/Plumbing Official's Signature: _____
 Plumbing Permit No. PL _____ Date: _____