Application for Plumbing Permit

Corporation of the Township of Esquimalt

Development Services, 1229 Esquimalt Road, Esquimalt B.C., V9A 3P1
Telephone (250) 414-7103 Fax (250) 414-7160 email: building@esquimalt.ca

Note: All data fields must be completed in order to be processed.

SITE ADDRESS: _____

PROJECT: _____

OF DWELLING UNITS: _____ ROUGH-IN ONLY: _____

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

FIXTURES	QUANTITY	**SERVICING**	QUANTITY
WATER CLOSET/TOILET		ALTER/RENEW SUBSOIL DRAINAGE SYSTEM	
URINAL		REPAIRING/ALTERING DRAINAGE/VENT PIPING	
BATHTUB		LAYING/ALTERING SEWER LINE INDICATE # OF METRES	
SHOWER		LAYING/ALTERING STORM DRAIN INDICATE # OF METRES	
BASIN (BATH)		SEPTIC TANK CONNECTION	
SINK (KITCHEN)		WATER SERVICE PIPE (meter-house)	
JANITOR SINK		MANHOLE/INTERCEPTORS/PUMP STATION	
BAR SINK		TEST & CLEAR – (DRAIN)	
GREASE TRAP		TEST & CLEAR - (SANITARYSEWER)	
FLOOR DRAIN		SWIM.POOL WATER AND DRAIN CONNECTIONS	
CLOTHES WASHER/LAUNDRY TRAY		**FIRE PROTECTION**	
DISHWASHER		FIRE SPRINKLERS HEADS	
SOLAR HOT WATER [Design Required]		FIRE PROTECTIONSTANDPIPE/HOSE OUTLETS	
FLOOR DRAIN FOR HOT WATER TANK		**IRRIGATION**	
ROOF DRAIN		SPRINKLER SYSTEMS – COMMERCIAL	
INTERNAL ROOF LEADER/RWL'S		SPRINKLER SYSTEMS – RESIDENTIAL	
OTHER		BACKFLOW PREVENTOR	
HOT WATER STORAGE TANK		**OTHER**	
AREA SUMP & CATCH BASIN		SPECIAL INSPECTION	
		PERMIT RENEWAL – ORGINAL PERMIT #	

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.

_____ _____ _____
Applicant'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 _____
Signature: Plumbing Permit No. PL_____ Date:_____