

## Application for Plumbing Permit The Corporation of the Township of Esquimalt Development Services, 1229 Esquimalt Road, Esquimalt B.C., V9A 3P1 Telephone (250) 414-7108, Fax (250) 414-7160

LOT: BLOCK: S SITE ADDRESS:						
PROJECT DESCRIPT				— RCI	PT NO:———	
DWELLING UNITS:	—ROUGH IN O	ONLY:				
OWNER			PLUMBER	ER T.Q.No.		
ADDRESS 1			NAME OF COMPANY			
ADDRESS 2			ADDRESS OF COMPANY			
ADDRESS 2			ADDRESS OF C		•	
CITY			CITY Postal Code			
	CITY Postal Code				Postal Code	
DAY PHONE	PHONE 2		PHONE		FAX	
FIXTURES NUMBE		NUMBER	Oʻ	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 GREASE TRAP			INTERNAL ROOF LEADER  MANHOLES/INTERCEPTORS/PUMP STATION			
FLOOR DRAINS			FIRE SPRINKLERS HEADS			
LAUNDRY TRAYS			STANDPIPE HOSE OUTLETS			
AUTOMATIC WASHERS			IRRIGATION SYSTEMS – COMMERCIAL			
OTHER			IRRIGATION SYSTEMS – RESIDENTIAL			
OTHER			SWIM.POOL WATER AND DRAIN CONNECTIONS			
OTHER			OTHER			
The owner and contract arising out of the instator building, including agreed to the above co	llation of the plum one based on negli	bing system, o	development of the site	e, inspectio	on of the buildir	g plans, site
Plumbing Contractor's Signature Print Name  Personal Information Declaration: the information on this form is					Date	
Personal Information Declar provided will be used to app contact the Corporate Admi	ly for a permit to instal	l plumbing. If yo	u have any questions about	the collection	n and use of this infe	
Building Inspector Sig	nature					
Plumbing Permit No		Date:				