



44 Main Street, P.O. Box 40
 Cobden, Ontario
 K0J 1K0

PLUMBING PERMIT APPLICATION

TOWNSHIP OF WHITEWATER REGION PHONE: 613-646-2282 FAX: 613-646-2283
 DATE: _____ PERMIT NO: _____ ROLL NO: _____

OWNER: _____

ADDRESS: _____ TELEPHONE: _____

PLUMBING LOCATION: _____

LEGAL DESCRIPTION: _____

PLUMBER: _____ LICENCE NO: _____

ADDRESS: _____ TELEPHONE: _____

New Alteration Repair

<u>Quantity</u>	<u>Fixture</u>	<u>Rate/Fixture</u>	<u>Total</u>
_____	Waste & Vent Stock	\$4.00	_____
_____	Waster Closet	\$4.00	_____
_____	Bathtub	\$4.00	_____
_____	Shower Stall	\$4.00	_____
_____	Wash Basin	\$4.00	_____
_____	Kitchen Sink	\$4.00	_____
_____	Slop Sink	\$4.00	_____
_____	Urinal	\$4.00	_____
_____	Automatic Washer	\$4.00	_____
_____	Laundry Tub	\$4.00	_____
_____	Drinking Fountain	\$4.00	_____
_____	Floor Drain	\$4.00	_____
_____	Roof Hopper	\$4.00	_____
_____	Rain Water Leader	\$4.00	_____
_____	Interceptor	\$4.00	_____
	Sub Total		_____
	Basic Plumbing Fee		<u>\$30.00</u>
	Total Permit		_____

Inspections Required

- Commence Plumbing
- Below Ground Inspection Rough - In and Testing
- Above Ground Inspection Rough - In and Testing
- Final Plumbing Inspection
- Prior to Occupancy
- Water Meter Required

We hereby agree to conform strictly to all provision of the Township of Whitewater Region By-laws and to all Rules and Regulations relating to plumbing made by the Ontario Building Code and to give due notice when work is ready for inspection and to leave all pipes and fixtures accessible for inspection without use of any tools whatsoever. Notification for inspection shall be given at least two (2) days prior to the inspection date and all work shall be left uncovered until inspected, tested and accepted.

 Signature of Owner or Authorized Agent

 Date

 Chief Building Official

 Date