



CITY OF KAMLOOPS
 BUILDING INSPECTION DIVISION
 Phone: 250-828-3554 Fax: 250-828-3848

APPLICATION FOR PLUMBING PERMIT

**** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED ****

For office use only
FOLDER NUMBER:

Location of Work	Civic address:		
Legal Description	Lot	Plan	
Registered Owner	Name	Phone	
	Address	Email	
	City	Postal code	
Plumbing Contractor	Name	Phone	
	Address	Email	
	City	Postal Code	
Building Permit No. (if issued)	Bus. Licence No.	Prov. Cert. No.	
Number of Dwelling Units Created (If Applicable)	MyCity Access Code		
Brief Description of Work			

TYPE OF BUILDING:

- | | | | |
|---|--|------------------------------------|--|
| RESIDENTIAL SINGLE | | RESIDENTIAL MULTI-FAMILY | NON-RESIDENTIAL |
| <input type="checkbox"/> SINGLE FAMILY DWELLING | <input type="checkbox"/> MOBILE HOME | <input type="checkbox"/> APARTMENT | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> DUPLEX | <input type="checkbox"/> SECONDARY SUITE | <input type="checkbox"/> ROW HOUSE | <input type="checkbox"/> INDUSTRIAL |
| | | | <input type="checkbox"/> INSTITUTIONAL |

TYPE OF WORK:

- | | | | | |
|-------------------------------------|--|---|---|---|
| <input type="checkbox"/> NEW | <input type="checkbox"/> ADDITION | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> SITE SERVICING | <input type="checkbox"/> TEMPORARY |
| <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FIRE REPAIR | <input type="checkbox"/> SITING PERMIT | <input type="checkbox"/> RETAINING WALL |
| <input type="checkbox"/> EARTHWORK | <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> SOLID FUEL APPLIANCE | <input type="checkbox"/> ACCESSORY | <input type="checkbox"/> OTHER _____ |

PLUMBING FIXTURES TO BE INSTALLED (COMPLETE LIST ON THE REVERSE) TOTAL NUMBER OF FIXTURES _____

SINGLE FAMILY DWELLING: SANITARY, STORM, AND WATER COMB SANITARY SEWER ONLY WATER ONLY

WATER SERVICE _____ m SANITARY SEWER _____ m STORM SEWER _____ m WATER SERVICE _____ m

FIRE SPRINKLER HEADS (qty) _____ SUMP/CATCH BASIN (qty) _____ OIL INTERCEPTOR, GREASE TRAP (qty) _____

APPLICANT'S SIGNATURE: *In consideration of the granting of this Permit I agree to conform to all requirements of the Building By-law of the City of Kamloops and all other statutes and by-laws in force in the City of Kamloops, and to indemnify and save harmless the City of Kamloops against any claims, liabilities, judgments, costs and expenses of whatsoever kind, which may accrue against the said city in consequence of and incidental to the granting of this Permit.*

BUILDING INSPECTION DIVISION MUST BE NOTIFIED WHEN INSTALLATION IS TESTED AND/OR READY FOR INSPECTION.
 ALL PLUMBING MUST BE APPROVED BEFORE PIPING IS COVERED.

I HAVE READ AND UNDERSTAND ALL REQUIREMENTS OF THIS APPLICATION
SEE OVER FOR ADDITIONAL INFORMATION REQUIRED FOR PLUMBING PERMIT APPLICATION

SIGNATURE: _____ DATE: _____
 PRINT NAME: _____ PHONE: _____

For Office Use Only	Required		Rec'd	Letters of Assurance	Required		Rec'd
	Y	N			Y	N	
Certificate of Title	Y	N		Plans: _____	Y	N	
Letter of Authorization	Y	N		Application Accepted by _____			

(Date Stamp Only)

FLOOR	WATER HEATER	WATER CLOSET	WASH BASIN	SINK	LAUNDRY TUB	SHOWER	URINAL	CLOTHES WASHER	BATHTUB	BIDET	SERVICE SINK	ROOF DRAIN	BACKFLOW PREVENTER	DRINKING FOUNTAIN	FLOOR DRAIN	DISHWASHER	OTHER	TOTAL	
UNDER SLAB																			
FIRST																			
SECOND																			
THIRD																			
FOURTH																			
FIFTH																			
SIXTH																			
SEVENTH																			
EIGHTH																			
NINTH																			
TENTH																			
ELEVENTH																			
TWELFTH																			
TOTAL																			