

TOWN OF COCHRANE

Building Safety Codes

101 RancheHouse Rd.

Cochrane, AB T4C 2K8

Phone: 403-851-2572 Fax: 403-932-2935

Email: safety.codes@cochrane.ca



Fields marked with an ***** are required

Contractor Plumbing Permit Application

CONTRACTOR INFORMATION

CONTRACTOR*	Phone *
MAILING ADDRESS*	Email *
CITY & POSTAL CODE*	

OWNER INFORMATION

Property Owner Name*	Phone *
Mailing Address*	Email *
City & Postal Code*	
Project Address *	Legal Description Lot/ Unit Block Plan
Construction Type *	Building Permit #

PERMIT FEES

Residential Developed Floor Area		sq. ft. <small>(NB Fees for new single family, semi-detached residential and accessory suites are based on the combined finished floor area. If the basement is developed that area is to be added.)</small>	
Fixture Count			
Kitchen Sinks	Wash Basins	Showers	Floor Drains
Toilets	Bar Sink	Bathtubs	Other Fixtures
Wash Machine Drains	Water/Sewer Connection	Laundry Tubs	
Sumps			Total # of Fixtures*

PROJECT DETAILS

Estimated Completion Date		(mm, dd, yyyy)
Description of Work*		

APPLICANT INFORMATION

APPLICANT DECLARATION I certify that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and will commence within **90 days**. I understand contractor permits are to be completed within **180 days**.

I understand all plumbing fixtures shall comply with the Town of Cochrane "Water Conservation Measures Bylaw". Flush toilets are not to exceed 4.8 lpf and shower heads are to be a maximum flow rate of 7.6 lpm. I also understand that by choosing the declaration checkbox I am applying for a plumbing permit in the Town of Cochrane.

The personal information collected through this permit application will be used to process your application. The information relates directly to and is necessary for the operation of the program or activity applied for and may be input into an automated system to generate content or make decisions, recommendations, or predictions. This information is collected and used under the authority of Section 4(c) of the Protection of Privacy Act and managed in accordance with the Act. For questions about the collection of personal information, please contact ATI@cochrane.ca.

Trade*	Certification No.*	
I have read and understand the declaration		Journeyman Plumber Name (Print)
		Application Date (mm, dd, yyyy)