

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			
<small>(mm, dd, yyyy)</small>			
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 requested is collected under the Safety Codes Act, Section 63, The Municipal Government Act, Section 301.1, the Alberta Freedom of Information of and Protection of Privacy Act (FOIP) Section 33(c) and will be protected under Part 2 of the FOIP Act. The information is used for issuing permits, safety codes compliance verifications, monitoring and property assessment purposes. Information collected by public bodies forms part of a file that may be available to the public. Please direct any questions about this collection to: FOIP Coordinator, 2nd Floor, 101 Ranchehouse Road, 403-932-2674 or FOIP@cochrane.ca.			
Trade*		Certification No.*	
I have read and understand the declaration			
_____		_____	
Journeyman Plumber Name(Print)		Application Date(mm,dd,yyyy)	