



PLUMBING PERMIT APPLICATION

Being the owner of the described property, I/We make application for a permit to undertake the specified work. I/We agree to conform to all requirements of the *Building Regulation Bylaw* and other applicable bylaws. I/We will comply with any restrictions imposed by the easements, right of ways, or restrictive covenants registered against the property. Neither the issuance of this Permit, nor the acceptance of the drawings and specifications submitted as part of this application, relieves me/us from the responsibility of ensuring the construction for which this permit is issued conforms to the requirements of the applicable bylaws, nor prevents the Building Inspector from requiring correction of any errors in construction or any contravention of the applicable bylaws.

All applications must be completed and accompanied with a plan (to scale) of the plumbing installation.

Building Permit #: _____

Site Address: _____ Tax Roll No: _____

Full Legal Description: _____

Registered Owner(s): _____ Home phone: _____

Mailing Address: _____ Work phone: _____ Fax: _____

Plumber: _____ TQ#: _____ Home phone: _____

Mailing Address: _____ Work phone: _____ Fax: _____

Fixtures (include number of fixtures):

- | | |
|--|--|
| <input type="checkbox"/> _____ Bath(s) / Shower(s) | <input type="checkbox"/> _____ Hot Water Tank |
| <input type="checkbox"/> _____ Sink(s) | <input type="checkbox"/> _____ Clothes Washer |
| <input type="checkbox"/> _____ Hose Bibs | <input type="checkbox"/> _____ Urinal |
| <input type="checkbox"/> _____ Dishwasher | <input type="checkbox"/> _____ Floor Drain |
| <input type="checkbox"/> _____ Water Closets | <input type="checkbox"/> _____ Underground Irrigation System |
| <input type="checkbox"/> _____ Backflow Preventors | <input type="checkbox"/> _____ Other (Please Specify) |

Sewer Connection:

- _____ Septic System (must provide copy of filing with Vancouver Island Health Authority)
- _____ Residential Sewer Connection (size) municipal
- _____ Commercial Sewer Connection (size) municipal
- _____ Pumped or Gravity Drainage (circle one) municipal

**** This application may be rejected or its approval delayed if any of the above items are missing or if this form is incomplete. ****

WAIVER AND INDEMNITY: I/We assume all risks incidental to building construction and inspection services and agree to release, save harmless and indemnify the District of Sooke and its officials, agents, servants and representatives, from and against all claims, actions, costs, expenses and demands with respect to the death, injury, loss or damage to persons or property arising out of or in connection with the building construction and building inspection services. I/We understand that no warranty is implied for building inspection services and that this waiver and indemnity is binding on me, my heirs, executors and assigns. I/We acknowledge that the District, in issuing this permit, is relying on the certification of my professional engineer or registered architect.

FREEDOM OF INFORMATION NOTICE: Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of issuing this permit and for municipal statistics. Enquiries about the collection or use of information on this form may be directed to the Deputy Clerk.

_____ Signature of Owner	_____ Print Name	_____ Date of Application
-----------------------------	---------------------	------------------------------

_____ Signature of Owner	_____ Print Name	_____ Date of Application
-----------------------------	---------------------	------------------------------

_____ Signature of Owner	_____ Print Name	_____ Date of Application
-----------------------------	---------------------	------------------------------