

**FORM C**  
Application for Plumbing Permit

1. Address of Property: \_\_\_\_\_
2. Name of Owner/ Agent: \_\_\_\_\_
3. Name of Contractor: \_\_\_\_\_
4. Contractor Phone: (     ) \_\_\_\_\_ Contractor Email: \_\_\_\_\_
5. Class of Work:  New      Renovation
6. Plumbing Fixtures To Be Installed Or Repaired:

1	Toilets		6	Floor Drains		11	G. Traps	
2	Bath or Showers		7	Hot Water Tanks		12	Other	
3	Lavatories		8	Auto Washers				
4	Sinks		9	Urinals				
5	Laundry Trays		10	Sumps				

**Total Number of Fixtures:** \_\_\_\_\_

**Declaration:**

I hereby agree to indemnify and keep harmless the City of Fort St. John and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the said City and its employees in consequence of and incidental to, the granting of this permit, if issued, and I further agree to conform to all requirements of the building Bylaw and all other statutes and Bylaws in force in the City of Fort St. John.

Signature of Owner/ Authorized Agent: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

<b>Legal Description:</b>		<b>Roll Number</b>
Lot	Bk	Plan
<b>Plumbing Permit Fee:</b>		
<b>Total Number of Fixtures</b>	<b>x \$5.00 + \$50.00 = \$</b>	
<b>Plumbing Permit Approved by:</b>	<b>Date Approved:</b>	<b>Plumbing Permit No.:</b>