



PLEASE PRINT

PER - 3011

Department of Planning, Engineering and Regulatory Services

PLUMBING PERMIT APPLICATION

PROPERTY LOCATION

SECTION 1

Civic Address \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Roll # \_\_\_\_\_ File # \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

CONTACT INFORMATION (to be completed by the applicant)

SECTION 2

Contractor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

Trade Name \_\_\_\_\_ Email \_\_\_\_\_

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email \_\_\_\_\_

APPLICATION INFORMATION

SECTION 3

Type of work:            New                    Alteration            Repair                    Addition

Type of building:        Residential            Commercial            Industrial                Institutional/Government

Estimated cost of all plumbing work (materials & labour): \$ \_\_\_\_\_

Contractor/Representative's Signature \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

Is there any other work associated with this job besides plumbing?            Yes                    No

DESCRIPTION OF WORK

SECTION 4

Work Type	Number	Cost
Water Closet		
Basin		
Bath		
Sink		
Urinal		
Shower		

Work Type	Number	Cost
Boiler		
Clothes Washer		
Laundry Tub		
Floor Drain		
Dish Washer		
Roof Drain		
Water Fee		
Misc.		
Total:		

**All work must be carried out in accordance with the City of St. John's Act and applicable by-laws and regulations.**

Please send completed form to:	Mail: Access St. John's, City Hall 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2	Email: <a href="mailto:service@stjohns.ca">service@stjohns.ca</a> Fax: 709-576-7688 Call: 311 or 709-754-2489
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