



PLEASE PRINT

PER - 3018

Department of Planning, Engineering and Regulatory Services

PLUMBER **CONTRACTOR'S LICENSE APPLICATION**

CONTACT INFORMATION (to be completed by the applicant)

SECTION 1

Company Name _____ Email _____

Mailing Address _____ City _____ Province _____ Postal Code _____

Telephone (Home) _____ (Work) _____ (Cell) _____ (Fax) _____

Civic Address – Same as Mailing Address Yes No

If no, please provide civic address for this company _____

If the company civic address is located within the City of St. John's, it must be an approved occupancy. If this civic address is not an approved occupancy for a home office, please complete the attached [PER-3003-Building/Development Application](#)

APPLICANT INFORMATION

SECTION 2

1. Name of Journeyman Plumber with Inter-Provincial Red Seal qualification who will perform and/or supervise the plumber work for this Plumbing contractor. _____

2. What is the Inter-Provincial Red Seal number of the Journeyman Plumber listed above? (Section 2 – Item 1) _____

3. Provide confirmation that this Journeyman Plumber has at least two years' working experience as a Journeyman Plumber. This can be done by attaching a letter from a previous employer stating that he/she has at least two years' working experience as a Journeyman Plumber. If you are unable to get a letter from a previous employer, you can complete the Two Year Work Experience Declaration and have it notarized. (See Page 2 – Section 5).

4. Is the Journeyman listed above (Section 2 – Item 1) his/her own firm or is he/she in a partnership with any other Plumbing Company or Corporation? Yes No If yes, please state the name of this firm/partnership _____

5. State the name and Inter-Provincial Red Seal number for any other Journeyman Plumbers working for this Contractor (required). _____

APPLICANT DECLARATION

SECTION 3

The applicant agrees to comply with all the terms and conditions of this license, the St. John's Plumbing By-Law and agrees that the information contained in this application is true to the best of their knowledge, information and belief. [St. John's Plumbing By-Law](#)

Signature _____ Date (yyyy-mm-dd) _____

Please Note:

- Failure to provide the required information may result in a delay in obtaining a license. False or misleading information may result in suspension of an existing license or refusal to issue another license.
• The application fee must be paid prior to the issuance of the license.

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION

SECTION 4

1. [PER-3017 Plumbing Journeyman's License Application](#) for Journeyman listed in Items 1 & 5 of Section 2 above.
2. Confirmation of work experience as noted in Item 3 of Section 2 above.
3. [PER-3003-Building/Development Application](#) if Civic address of Company in Section 1 above is within the City of St. John's

Please send completed form to:

Mail: Access St. John's, City Hall
10 New Gower Street
PO Box 908
St. John's NL A1C 5M

Email: service@stjohns.ca
Fax: 709-576-7688
Call: 311 or 709-754-2489

This is confirmation that I, _____, have at least two years' working experience as a Journeyman Plumber.
(Print)

Signature: _____ Date: _____
(Signature of Journeyman Plumber)

Full Name: _____

Signed before me, _____
(Full Name of Witness)

This _____ at _____
(Date) (Name of Location)

Signature: _____

