

Neepawa & Area Planning District

275 Hamilton St. Box 1720, Neepawa, Mb R0J 1H0
 Phone: (204) 476-3277 Email: admin@neepawaareaplanning.com

For Office Use	
Building Permit #	
Plumbing Permit#	
Roll #	

APPLICATION FOR PLUMBING PERMIT

Description of work:	
----------------------	--

Address/Legal Description:	
----------------------------	--

Applicant			
Mailing Address:			
Phone Number:		Email:	

Property Owner			
Mailing Address:			
Phone Number:		Email:	

Contractor			
Mailing Address:			
Phone Number:		Email:	

Building Type		Single Unit Dwelling							Multi Unit Dwelling (# of Units)							
		Commercial - Name of Business														
		Secondary Suite/Garden Suite					Other									
Floor	Bath Tub/ Shower	Washing Machine	Water Closet	Lav Sink	Kitchen Sink	Bar Sink	3 Compartment Sink	Janitor Mop	Laundry Tub	Floor Drain	Comm. Dish washer	Eye wash Station	Drinking Fountain	Urinal	Misc.	Back Water Valve
Basement																
1st Floor																
2nd Floor																
3rd Floor																
4th Floor																
Other																
Total																

Fixtures not requiring a permit: Sump Pit, Grit/Grease/Oil Interceptor, garage floor drains

FEES

Total Fixtures:		X \$15.00/Fixture (min. fee \$45.00)	Total fee	\$	
-----------------	--	---------------------------------------	-----------	----	--

Pursuant to the provisions of the latest edition of the Manitoba Plumbing Code and any amendments thereto, the undersigned hereby applies to the Building Inspector for a permit to construct, extend, alter, renew or repair or make a connection to a sewer, as described below, the plumbing and drainage system in the premises listed.

Electronic Communicaton - If I provide the Neepawa & Area Planning District with a fax number, email address, cell phone number or contact information for any other electronic medium, by signing this application I consent to authorize the Neepawa & Area Planning District to communicate with me electronically via that medium.

Signature				Date			
Payment Type		Cheque No.		Date Paid		Receipt #	