Plumbing Permit Application

In compliance with the provisions of *The Plumbing Amendment Regulations, 2017*, application is hereby made for permission to establish, install, construct, extend, renovate, alter or repair the plumbing works on the premises or property of:

Physical Location	Lot /Block/Plan or Street Address		City/Town/Village		The plumbing is or will be connected to a communal water system ☐ Yes ☐ No	
	RM # (rural only)	Quarter (rural only)	Section (rural only)	Township (rural only)	Range (rural only)	Meridian (only if rural property) West of _____ Meridian

Plumber	Plumbing Company		Email Address (if not applicable mark n/a)			
	Installer Address	Town/City	Postal Code	Phone #	Fax #	Cell #

Property Owner	Property Owner Name	Phone #	Fax #	Cell #
	Owner Mailing Address	City		Postal Code

Plumbing System- Number of fixtures to be installed

Kitchen Sinks		Shower Stalls		Laundry Tubs	
Wash Basin		Bath Tubs		Clothes Washers (no charge)	
Water Closets		Floor Drains (No charge)		Other Fixtures	

Arrangements for inspection can be made through Public Health Inspection by calling **1-888-295-8005**.
All requests for inspection must be made 2 working days in advance.
For any commercial jobs detailed plans should be submitted with application and at least 7 days prior to inspection.

The undersigned hereby applies for a permit to build in accordance with this application; all by-laws and regulations applicable thereto and that no part of the works shall be covered until permission is granted by the Saskatchewan Health Authority.

Applicant Name (Journeyman plumber)	Journeyman Number	Applicant Signature	Date

Permit Fee (must be submitted at time of application) ***$100 for the first 10 fixtures, $5 per additional fixture***

Note: If the permit is not obtained prior to work commencing, the fee is doubled **Plumbing Permit Fee: $_____**

☐ Cheque/ money order/credit card information included with permit application

All fees will be receipted upon issuance of the permit

CREDIT CARD NUMBER:	Name on Card:
Expiry Date: CVC#:	Signature:

Mail application and payment to: Public Health Inspection, Box 2003, Weyburn SK, S4H 2Z9
or email: pubhealthinspection@schr.sk.ca

Plumbing Permit Issuance

Permission is ☐ granted OR ☐ NOT granted OR ☐ Conditionally granted to construct the works indicated in this application
☐ Permit issued; Permit # _____

FOR OFFICE USE ONLY				
Date Rec:	Received by:	Money included: Y N	Refunded: Y N	Voided: Y N