



## Application for a Plumbing Permit

For use by Principal Authority					
Application number:			Permit number (if different):		
Date received:			Roll number:		
Application submitted to: <b>Municipality of Shuniah</b> , 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8					
A. Project information					
Building number, street name				Unit number	Lot/con.
Municipality		Postal code	Plan number/other description		
Proposed Use of Building:					
B. Applicant					
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner					
Last name		First name	Corporation or partnership		
Street address				Unit number	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number ( )		Fax ( )		Cell number ( )	
C. Owner (if different from applicant)					
Last name		First name	Corporation or partnership		
Street address				Unit number	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number ( )		Fax ( )		Cell number ( )	
D. Contractor					
Last name		First name	Corporation or partnership (if applicable)		
Street address				Unit number	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number ( )		Fax ( )		Cell number ( )	
Fixtures			Stacks and Vents		
Item	No. of Units	Item	No.	Diameter	Material
Water Closets		Soil Stacks			
Kitchen Sinks		Vent Stacks			
Wash Tubs		Rain Water Leader			
Basins		Waste Pipes			
Bathtubs		Hose Drain			
Urinals					
Hot Water Tank					
Others					

**E. Attachments**

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

**F. Declaration of applicant**

I \_\_\_\_\_ certify that:  
 (print name)

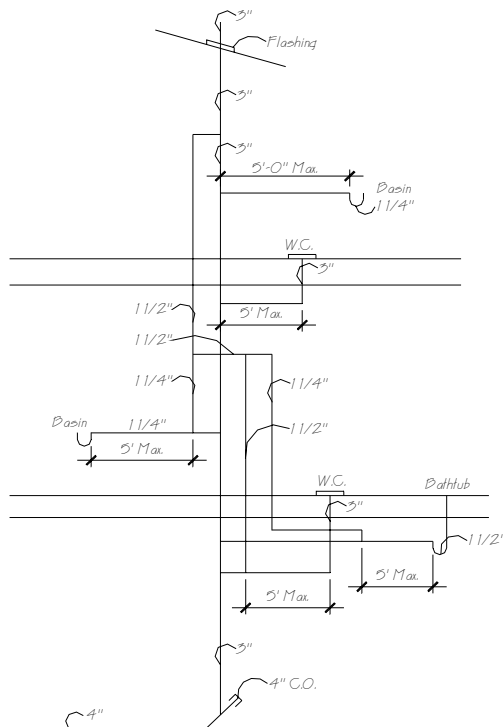
- 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- 2. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant

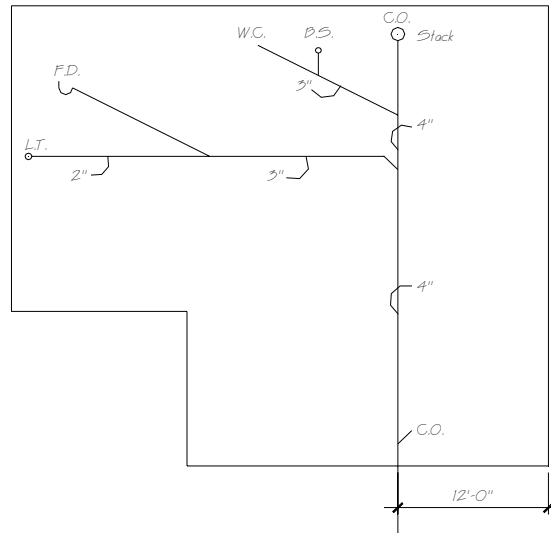
Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

**Diagram of Plumbing Installation**

**This Diagram is for Information and Guideline Only, other Installations maybe Accepted.**



**B – Isometric Drawing**



**A - Ground Work**

**Note:**

- W.C. – Water Closet
- F.D. – Floor Drain
- B.S. – Basin
- L.T. – Laundry Tub
- K.S. – Kitchen Sink
- C.O. – Clean Out

**Indicate Location of Existing Plumbing**