



# TOWN OF OKOTOKS MULTI UNIT PLUMBING AND GAS CONSTRUCTION APPLICATION

APPLICATION NUMBER:

APPLICATION DATE:

Safety Codes Services • Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K1 • Ph 403-938-8916 • Fax 403-938-7387 • [safetycodes@okotoks.ca](mailto:safetycodes@okotoks.ca)

**PLUMBING DISCIPLINE:**  New Construction  Alteration/Renovation  
**GAS DISCIPLINE:**  New Construction  Alteration/Renovation

## 1. PROJECT LOCATION

MUNICIPAL ADDRESS	Street Number	Street Name	City/Town	Province	
	<input type="text"/>	<input type="text"/>	OKOTOKS	AB	
LEGAL DESCRIPTION	Lot	Block	Plan	Zoning	Roll Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. APPLICANT/SUBCONTRACTOR

NAME	Last Name/Company	First Name		
	<input type="text"/>	<input type="text"/>		
MAILING ADDRESS	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBER	Contact Number (Office)	Fax Number	Email Address	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## 3. REGISTERED PROPERTY OWNER

PROPERTY OWNER	Last Name/Company	First Name			
	<input type="text"/>	<input type="text"/>			
MAILING ADDRESS	Street Number	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBERS	Contact Number (Office)	Fax Number	Email Address		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

## 4. CLASSIFICATION

**CLASSIFICATION**  Residential No. of Units  Storey(s)   
 Mixed Use No. of Units  Storey(s)   
**GENERAL CLASSIFICATION**  New Building  Existing Building

## DESCRIPTION OF WORK

Type of Work  New  Reno  Addition  Connect Only  Other  
**GAS**  Natural Gas  Propane  Other (specify)

BTU'S

Description of Work

## PLUMBING

Total Number of fixtures

Description of Installation

Estimated Value of Construction \$  *Declaration of construction cost must be submitted.*

*I hereby certify this installation will be completed in accordance with the Safety Code Act and Regulations.*

I/We hereby make Application under the provisions of the Safety Codes Permitting Bylaw and Amendments thereto, in accordance with the Safety Codes Act, Applicable Regulations, Town Bylaws and supporting Information submitted herewith which form a part of this Application.

The information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for purposes related to the administration of the Safety Codes Program. Should you have any questions regarding the collection of information please contact the FOIP Coordinator at [foip@okotoks.ca](mailto:foip@okotoks.ca) or 403-938-8944.

## 5. APPLICANT'S SIGNATURE Property Owner Authorized Agent (Authorization Letter Required)

Printed Name	Last Name	First Name	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Signature	Signature	Contact Number	Extension
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Corporate Title	Email Address	
	<input type="text"/>	<input type="text"/>	
	Journeyman Plumber No.	Journeyman Gas Fitter No.	
	<input type="text"/>	<input type="text"/>	