



# Plumbing / Sprinkler Permit Application

For Plumbing, Hydronic heating, Fire sprinkler & Irrigation Systems

**\*\*Effective October 3, 2011, High-efficiency toilets (HETs) or dual-flush toilets are required in new residential buildings or when renovations occur. Whenever urinals are installed, HEUs will be required.**

DATE: \_\_\_\_\_

Construction Address: \_\_\_\_\_ Block/Units: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Tel \_\_\_\_\_

Contractor's Business Name: \_\_\_\_\_

**(Contractors must have a current Maple Ridge or Intermunicipal Business Licence)**

Contractor's TQ#: \_\_\_\_\_ Tel \_\_\_\_\_

Email Address: \_\_\_\_\_

Office use only:

**Is the home going to contain a:** Suite  Temporary Residential Unit  Finished Basement  N/A

**Sub Type: Check One** Single Family Dwelling  Duplex  Commercial/Industrial/Institutional

Tenant Improvement  Apartment  Townhouse  Apartment over Commercial Space

Other , Please specify \_\_\_\_\_

**Work Type: Check One** New  Adding  Repair  Replacing

Toilets	# of _____	Hot Water Tanks	# of _____
Bathtubs	# of _____	Floor Drains	# of _____
Bathroom Basins	# of _____	Sumps	# of _____
Showers	# of _____	Urinals	# of _____
Bidets	# of _____	Grease Traps	# of _____
Kitchen Sinks	# of _____	Roof Drains	# of _____
Dishwashers	# of _____	Lawn Sprinkler	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bar Sinks	# of _____	Pool Backwash (water drainage)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Auto Washers	# of _____	Is Piping being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Laundry Tubs	# of _____	Back Flow Device (Gen. Purpose)	# of _____

**HYDRONIC (Hot water) HEATING SYSTEM PERMIT (Separate plumbing permit required):**

(Heating Summary & Boiler Layout Required with Application)

Rooms with radiant/baseboard heat # of \_\_\_\_\_

**SPRINKLER PERMIT**

Sprinkler Heads	# of _____	Storz (Fire Dept. Connection)	# of _____
Check Valve (SFD Only)	# of _____	Back Flow Preventer	# of _____
		Storm Connection	# of _____

Comments: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_  
(If different than above)