

PLUMBING PERMIT

Local Authority _____

Date _____

Address _____

Phone _____

Permit Number _____

The undersigned hereby applies for a Plumbing Permit to perform the following work in accordance with the application and all by-laws and regulation applicable thereto. The accuracy of the information which follows and the accompanying plans and specifications with the representations therein contained are the responsibility of the applicants and are hereby made a part of this application.

Location of Building _____

(No. or Section) _____

(Street or Township) _____

(City of Town or Range) _____

(Municipality) _____

Between _____ and _____

Zoning District _____

Lot No. _____

Plan No. _____

Lot Size _____

Class of Work

- | | | |
|--------------------------------------|--|---|
| 1) New <input type="checkbox"/> | 3) Repair <input type="checkbox"/> | 5) Alteration <input type="checkbox"/> |
| 2) Addition <input type="checkbox"/> | 4) Renovation <input type="checkbox"/> | 6) Other (Specify) <input type="checkbox"/> |

Major Occupancy Building Permit No. New or Revision

No. of Dwelling Units No. of Other Units No. of Storeys

Area of Roof and Paved Surface to be Drained Size of House Drain and Trap

Applicant _____ Address _____ Phone _____

Owner _____ Address _____ Phone _____

Architect or Designer _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

NUMBER AND LOCATION OF OUTLETS AND FIXTURES

Floor		Water Closets	Bathtubs	Basins	Kitchen Sinks	Laundry Tubs	Auto Washers	Showers	Urinals							Floor Drains	Roof Terminals	Fees
		Basement	OUTLETS															
	FIXTURES														X	X		
1st	OUTLETS																	
	FIXTURES														X	X		
2nd	OUTLETS																	
	FIXTURES														X	X		
3rd	OUTLETS																	
	FIXTURES														X	X		
4th	OUTLETS																	
	FIXTURES														X	X		

For Additional Storeys Please Itemize On Separate Sheet _____ Total Fees _____

Signature of Applicant _____ Date _____

WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT

This certifies that the above-named applicant is granted a permit to perform the work and install the apparatus described in the above application. This permit is granted subject to the terms of the undertaking contained in the said application and subject to the provisions of the applicable by-laws, schemes, regulations or orders and plans hereinbefore mentioned and nothing permitted hereunder shall be deemed to waive, change, amend or override the provisions of any applicable by-laws of the Municipality or any Federal or Provincial statutes or regulations. This permit shall expire if active work is not commenced and reasonably continued within six months from the date hereof.

Permit No. _____

VALIDATED
DATE _____

THE TOWN OF CARMAN

APPLICATION FOR SEWER AND WATER CONNECTION

I hereby make application for a permit to connect the hereunder described premises with the Town of Carman sewer and waterworks system:

Lot _____ Block _____ Plan _____

And I hereby undertake and agree to conform to all the conditions of By-Law Number 19 of the said Town to regulate drainage into the common sewers and to conform to all other by-laws of The Town of Carman and Statutory Laws of the Province of Manitoba, and I further agree to hold the Town of Carman harmless against loss or damage, from overflow of water from sewer or from other causes. And further that under no circumstances whatever will the said Town be liable for loss or damage, nor is any claim every to be made for such loss or damage by the person obtaining the said permit, or his successor in interest because of water backing into, upon or over the said premises from any source, direction or quarter whatever through the drain, ditch or sewer made, constructed or maintained now made, and the Town is to be, and is in fact now, and at all future times wholly indemnified against all loss, costs, charges or damages of every nature whatever, because of the works done under the permit for which application is now made. The permit is applied for by the party herein named, and his successors in interest, upon the express conditions aforesaid.

Signature of owner or authorized agent _____

Name of owner _____

Civic Address _____

Dated this _____ day of _____, A.D. 20 _____

Tax Roll No. _____

Amount of deposit paid: \$_____

Town of Carman

Policy on Sanitary Sewer in the Town

The Town of Carman, to ensure proper flow is established in the installation of service connections to the sanitary sewer, sets the following guidelines and policies to be adhered to by all Contractors and individuals establishing a service to the Town of Carman's sanitary sewer mains.

The following is the procedure that must be followed;

1. Contractor must obtain sewer levels prior to commencement of construction. The Town of Carman will provide the measurements and calculate the level required at entry to the building using the formula of 1" slope on every 10 feet.
2. The Contractor will dig and prepare the lot in order to place the footings.
3. Prior to the installation of the footings, the Contractor shall contact the Town of Carman to verify the sanitary sewer levels. In the case where the levels do not adhere to the levels previously obtained from the Town of Carman, the Contractor will be required to adjust the level of the sanitary sewer at this time, at no cost to the Town.

Dated at the Town of Carman, this _____ day of _____, A.D. 20 ____.

Contractor/Applicant