



PLUMBING PERMIT APPLICATION

RURAL MUNICIPALITY OF TACHE
Ph. 204-878-3321 Fax 204-878-9977

Applications must be completed in its entirety. If Applicant, Owner or Contractor is the same, then the data must be duplicated. Entering "Same as Above" or leaving field blank will not be accepted.

| | | | |
|----------------------|----------------------|-------------------------|----------------|
| Location of Building | | | |
| (No. or Section) | (Street or Township) | (City or Town or Range) | (Municipality) |
| Building Type: _____ | | Building Size: _____ | |

| | | | | | | | |
|---------------|---------------------------------|-------------|-----------|---------------|---------------|---------------|--------------------|
| Class of Work | 1) New <input type="checkbox"/> | 2) Addition | 3) Repair | 4) Renovation | 5) Alteration | 6) Commercial | 7) Other (specify) |
|---------------|---------------------------------|-------------|-----------|---------------|---------------|---------------|--------------------|

| | |
|------------|------------------|
| Applicant: | Mailing Address: |
|------------|------------------|

| | | |
|---------------|--------------|--------|
| Phone: () | Postal Code: | Email: |
|---------------|--------------|--------|

| | |
|--------|------------------|
| Owner: | Mailing Address: |
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|---------------|--------------|--------|
| Phone: () | Postal Code: | Email: |
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|----------------------|------------------|
| Plumbing Contractor: | Mailing Address: |
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|---------------|--------------|--------|
| Phone: () | Postal Code: | Email: |
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|---------------------------|------------------|
| Sewer & Water Contractor: | Mailing Address: |
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|---------------|--------------|--------|
| Phone: () | Postal Code: | Email: |
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Number & Location of Fixtures (Traps)

| Floor | Fixtures | Water Closets | Bathtubs | Basins | Kitchen Sinks | Laundry Tubs | Auto Washers | Showers | Urinals | | | | | | | | | Fees | |
|-----------------|----------|---------------|----------|--------|---------------|--------------|--------------|---------|---------|--|--|--|--|--|--|--|--|------|--|
| Basement | Fixtures | | | | | | | | | | | | | | | | | | |
| 1 st | Fixtures | | | | | | | | | | | | | | | | | | |
| 2 nd | Fixtures | | | | | | | | | | | | | | | | | | |
| 3 rd | Fixtures | | | | | | | | | | | | | | | | | | |

Sewer & Water Connections

| | 3/4" | 1" | 1 1/2" | 2" | 4" | 6" | 8" | 10" | | | | | | | | | | Fees | |
|----------------|------|----|--------|----|----|----|----|-----|--|--|--|--|--|--|--|--|--|------|--|
| Water Supply | | | | | | | | | | | | | | | | | | | |
| Building Drain | | | | | | | | | | | | | | | | | | | |
| Building Sewer | | | | | | | | | | | | | | | | | | | |

| | | |
|---|--|--|
| Distance of Hook-Up from Corner of Dwelling _____ | | |
|---|--|--|

- NOTES:**
1. Application for permit, duly COMPLETED, must be received BEFORE WORK is commenced. Failure to comply is the responsibility of the plumbing contractor.
 2. No less than 48 hours notice is necessary for inspection and test. For Water & Sewer inspection and test please call Pete Skjaerlund at 204-371-8688 for appointments.
 3. **ALL WORK** is to be checked by the Municipal Building Inspector prior to being covered.
 4. Isometric Drawing is to be submitted with application (labeled drawing of the drainage and venting plumbing system).
 5. No deviation from a plan as approved shall be made except with the authority in writing of the person who issued the permit, or their successor.
 6. All work and material shall comply with the Manitoba Plumbing and Building Code.

| | |
|------------------------------|------------|
| Signature of Applicant _____ | Date _____ |
|------------------------------|------------|

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

| | | |
|---------------------|--------------------|------------|
| Building Permit No. | Date: _____ | Total Fees |
| Plumbing Permit No. | Validated by _____ | |