



PLUMBING PERMIT APPLICATION

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

Location of Building

(No. or Section) (Street or Township) (City or Town or Range) (Municipality)

Building Type: _____ Building Size: _____

Class of Work

1) New 2) Addition 3) Repair 4) Renovation 5) Alteration 6) Commercial 7) Other (specify)

Applicant: _____ Mailing Address: _____

Phone: () _____ Postal Code: _____ Email: _____

Owner: _____ Mailing Address: _____

Phone: () _____ Postal Code: _____ Email: _____

Plumbing Contractor: _____ Mailing Address: _____

Phone: () _____ Postal Code: _____ Email: _____

Sewer & Water Contractor: _____ Mailing Address: _____

Phone: () _____ Postal Code: _____ Email: _____

Number & Location of Fixtures (Traps)

Floor	Water Closets	Bathtubs	Basins	Kitchen Sinks	Laundry Tubs	Auto Washers	Showers	Urinals					Floor Drains	Roof Terminals	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. Please call Tanis Klippenstein at 204-878-3321 ext. 106 for appointments. 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 _____	