

PLUMBING APPLICATION

BUILDING DIVISION inspections@langleycity.ca 604-514-2804

LOCATION & PROPERTY INFORMATION

Construction Address: _____

Legal Description: Lot _____ DL _____ SEC _____ TWN _____ Plan _____

TYPE OF WORK PROPOSED

Single Family Dwelling Multi-Family Commercial Assembly Industrial Institutional
 New Construction Alteration Addition Repair

CONTACT INFORMATION

INSPECTION CONTACT EMAIL: _____

Applicant Name: _____ Contact Person Name: _____

Phone: _____ Cell: _____ email: _____

Address: _____ City: _____ Province: _____ Postal: _____

Owner Name: _____ Contact Person Name: _____

Phone: _____ Cell: _____ email: _____

Address: _____ City: _____ Province: _____ Postal: _____

Plumbing Contractor Company Name: _____

Business Licence #: _____ Contact Person Name: _____ TQ # _____

Phone: _____ Cell: _____ Email: _____

Address: _____ City: _____ Province: _____, Postal: _____

I hereby make an application for a Plumbing Permit in accordance with the information stated above and declare that the information provided is complete. In consideration of the granting of the permission applied for, I/we hereby agree to indemnify and keep harmless the City of Langley against all claims, liabilities, judgments, costs and expenses of whatsoever kind, which may in any way accrue against the said City in consequence of, and incidental to, the granting of this permit, and I/we agree to pay the cost of repairing any damage to the sidewalk and/or curb by reason of the building operations in respect of which this permit is applied for, and I/we further agree to conform to all requirements of the building by-law and all other statutes and bylaws in force in the City of Langley, and I/we further acknowledge that the City accepts no responsibility for the accuracy of the information contained herein. I understand that payment of fees or acceptance of application does not guarantee that a building will be issued.

Name of Applicant:	Signature:	Date:
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OTHER SIDE MUST BE COMPLETED PRIOR TO APPLICATION

PLUMBING FIXTURES

PLUMBING FIXTURES:	FLOORS:					
	Basement:	1 ST FLR:	2 ND FLR:	3 RD FLR:	4 TH FLR:	SUBTOTAL:
Toilet						
Urinal						
Hand Basin						
Kitchen Sink						
Shower						
Bathtub						
Built-in Dishwasher						
Automatic Washer						
Laundry / Janitor Sink						
Hot Water Tank						
Floor Drain						
Backflow Prev Device						
Hose Bib:						
Other:						
Other:						
FLOOR TOTALS:						

(For Additional Floors please attach a separate list)	
TOTAL NUMBER OF PLUMBING FIXTURES _____	PERMIT FEE:

FOR OFFICE USE ONLY

Application Fee: \$ _____
Deposit: \$ _____

Application Reviewed By _____	Date: _____	Application No: _____
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