



The Township of O'Connor  
 330 Highway 595, R. R. #1  
 Kakabeka Falls, ON P0T 1W0  
 Phone 807-476-1451 Fax 807-473-0891 Email twpoconn@tbaytel.net

## Application for Plumbing Permit

Building Permit #
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Roll Number
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Owner Name:
Address:
Phone #:

Job Location (if different from Owner):
Address:
Phone #:

Contractor (if applicable) Name:
Address:
Phone #:

Work Described As:

- New Construction
- Replacement
- Repair
- Alter

Type of Building: \_\_\_\_\_

TYPE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR	FIXTURES (EACH)
BATH GROUP (TOILET, SINK, TUB/SHOWER)					<b>6</b>
SINK OR BASIN					<b>1.5</b>
BATHTUB OR SHOWER					<b>1.5</b>
WATER CLOSETS (FLUSH TOILETS)					<b>4</b>
LAUNDRY TUBS					<b>1.5</b>
AUTOMATIC WASHERS					<b>1.5</b>
WATER FOUNTAINS					<b>1.5</b>
INTERCEPTORS OIL/GREASE					<b>2</b>
CLEANOUTS					
PUMPS					
SPECIAL – SPECIFY:					
VENTING SIZE(S)					

Thunder Bay District Health Unit Sewage System approval (if applicable)

\_\_\_\_\_

Date Application Received \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Permit Fee \_\_\_\_\_

Inspector Signature \_\_\_\_\_

All inspections must be requested by calling the Inspector, Martin Tempelman at 807-630-9726 or email at cbomartint@gmail.com

- 1) Rough-in of underground services / above ground services / plumbing
- 2) Final Water / Air / Smoke Test

I/We agree to comply with the provisions of the plumbing code and in accordance with the information and/or plans and specifications herein submitted. I/We further agree to advise the plumbing inspector of any changes in this information and to notify the same prior to any inspections, as they are required. Personal information contained on this form is collected pursuant to the freedom of information and protection of privacy legislation and will be used for the purpose of responding to your application.