



Rural Plumbing Application (Please Print on application)

Application forms that are not complete may result in delays. Additional copies are available at www.saskatoonhealthregion.ca (search: plumbing)

In compliance with the provisions of *The Plumbing Regulations* application is hereby made for permission to: Construct Reconstruct Extend Connect the plumbing system on the premises or property of:

Plumbing System Installer Information	Plumbing System Installer		Journeyman (print name)		Certificate of Status Number	
	Installer Address (Box #, Street)			E-mail Address (preferred option)		
	Town/City	Postal Code	Phone #	Cell #	Fax #	

Property Owner Information	Property Owner		E-mail Address (preferred option)		
	Mailing Address		Phone #	Cell #	
	Town / City	Postal Code			

Location Information	RM #	Subdivision Name	Lot	Block or Parcel	Plan
	AND/OR				
	RM #	Subdivision Name or RTM #	Section e.g. NE-15	Township	Range West of _____ Meridian

Plumbing system – indicate which fixtures and how many are to be installed:

Kitchen Sinks Shower Stalls Laundry Tubs
 Lavatories Bath Tubs Clothes Washer (no charge)
 Water Closets Floor Drains (no charge) Other Fixtures

Plumbing System Test: Water Air Communal Water OR Sewage Connection: Yes No

RTM Yes No RTM Name/# _____ (NOTE: Only indicate fixtures installed by applicant.)

No part of the plumbing system shall be covered until permission is granted by the Local Authority.

- **Payment** for one or two fixtures is a **\$50.00 fee**; otherwise fee is **\$100.00** for the first **10 fixtures** plus **\$5.00** for each **additional fixture**. Total # of Fixtures: _____
- Fee for connection to a water pipeline and/or limited-scope water pipeline: **\$50.00** Yes No

Total Fees \$ _____ (Applications will NOT be processed without complete payment from **the applicant ONLY**. See attached page 2.)

Applicant Name (please print)	Applicant Signature	Date
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**This is an application ONLY – this is NOT a permit.
Financial Information to be Removed After Receipt of Application**

<p>After completing the payment information below, FAX the application to 306-655-4699 OR EMAIL the application to phioc@saskatoonhealthregion.ca</p>		<p>OR mail application with cheque attached to address below. Include cheque # for cross-reference purposes.</p>
<p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiry Date: ____ / ____</p> <p>Credit Card # _____</p> <p>_____</p> <p>Name of Cardholder (as shown on card)</p> <p>_____</p> <p>Cardholder Signature</p>		<p>Cheque #_____.(payable to Saskatoon Health Region)</p> <p>Mailing Address: Environmental Public Health Department Population and Public Health 101 – 310 Idylwyld Drive North SASKATOON SK S7L 0Z2</p>
For Office Use Only		
Date:	Received by:	