

PLEASE PRINT ONLY



MONCTON

Plumbing Permit Application

The applicant agrees to be governed by the rules and regulations of the *Plumbing By-Law, the Plumbing Installation and Inspection Act, and the City of Moncton Water and Sewer By-Laws*, and to comply with every provision of the law, whether herein specified or not. Please note that, save a notice to the contrary by the Building Inspector, the use of fax is considered as an adequate means of communication, and specifically with respect to this application, shall be considered in writing for the purposes of By-Law Z-410.

PLUMBER INFORMATION

Plumbing Contractor _____

Contractor's License No. _____

Expiry Date _____

Plumber's Name _____

Plumber's License No. _____

Expiry Date _____

Address _____

Tel _____

Fax _____

E-mail _____

BUILDING INSPECTION
655 Main Street
Moncton, NB E1C 1E8

tel: 506 856-4375
fax: 506 856-4348
BI_plumbing@moncton.ca

BUILDING INFORMATION

Civic No. _____

Lot No. _____

Street _____

Owner _____

Address _____

City _____

Province _____

Postal Code _____

Tel _____

E-mail _____

COMMERCIAL new retrofit

RESIDENTIAL new retrofit

PROPOSED USE

DESCRIPTION OF WORK

WATER HOOKUP REQUESTED YES NO

Water service size _____

Municipal water Well

Municipal sewer Septic system

Geothermal

PLUMBING SPECIFICATIONS

FIXTURES / DEVICES / DRAINS **QUANTITY**

Shower(s) _____

Water closet(s) _____

Sink(s) _____

Bathtub(s) _____

Kitchen sink(s) _____

Laundry sink(s) _____

Washing machine(s) _____

Floor drain(s) _____

Backflow preventer - testable _____

Backflow preventer - non-testable _____

Roof drain(s) _____

Urinal(s) _____

Drinking fountain(s) _____

Hot water tank(s) _____

Dishwasher(s) _____

Oil / grease interceptor _____

Total number of fixtures
_____ @ \$20 each \$ _____

Total number of roof drains
_____ @ \$30 each \$ _____

Plus application fee \$ 50.00

TOTAL FEES _____

NOTE: An application for 30 plumbing fixtures or more requires a **schematic drawing** to be submitted.

Plumber's Name _____

Signature _____

Date _____