



# Sun Peaks Mountain Resort Municipality

#106-3270 Village Way

Sun Peaks BC, V0E 5N0

Phone: (250) 578-2020 ext. 210 Cell: (250) 319-4558

Website: [www.sunpeaksmunicipality.ca](http://www.sunpeaksmunicipality.ca)

Email: [inspector@sunpeaksmunicipality.ca](mailto:inspector@sunpeaksmunicipality.ca)

## PLUMBING PERMIT

<b>Permit No.</b>		<b>Permit Date</b>				
Address of Construction:						
Legal Description:						
Registered Owner:						
Registered Owner's Address:						
City: Sun Peaks, BC	Postal Code:	Contact Phone:				
Contractor:		Primary Contact:				
Contractor's Address:						
E-mail:	Phone:	<b>TQ number:</b>				
Type of Building:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional <input type="checkbox"/> Industrial			
Type of Work:	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration <input type="checkbox"/> Relocation			
<b>PLUMBING FIXTURES TO BE INSTALLED OR REPAIRED \$50 first fixture \$6 per additional</b>						
Water Closets	Bathtubs and/or Showers	Wash Basins	Sinks	Wash Tubs	Floor Drains	Urinals
Automatic Washers	Hot Water Tanks and/or Boilers	Dishwashers	Interceptors and/or Catch Basins \$15.00	Backflow Prevention Devices \$15.00	Fire Sprinkler Heads \$50.00 first 25 \$1.00 additional	Other Fixtures

I, the owner of the property which is the subject of this Permit, or the agent of the owner of the property which is the subject of this Permit, understand and agree that the owner of the property is fully responsible for carrying out, or causing to be carried out, all work which is contemplated under this Permit, if issued, to ensure compliance with the Building Code, all applicable Bylaws of the Sun Peaks Mountain Resort Municipality (SPMRM) and other applicable enactments. In consideration of the granting of this Permit, if issued, I, the owner of the property which is the subject of this Permit, or the agent of the owner of the property which is the subject of this Permit, agree to indemnify and save the SPMRM harmless from any action or cost whatsoever arising out of or incidental to the granting of this Permit.

**I have read and understand all requirements of this Permit.**

Applicant's Name (please print):	Contact Phone:
Applicant's Signature:	Date:

**For Office Use**

Permit Fee: \$	1-1-130-1033 Misc. fees
Inspector:	