

	PERS – Application for Plumbing Permit		Planning, Engineering & Regulatory Services
	Application for Plumbing Permit		
Internal Use Only			SECTION 1
Application Number _____			
Date Received _____ Parcel I.D. _____			
Project Information			SECTION 2
Civic Address _____			
Subdivision Name _____ Lot # _____			
Project Value Estimate (Materials & Labour) (\$) _____			
Purpose of Application			SECTION 3
Type of Building: Residential Commercial Industrial Institutional (Government)			
Type of Work (select all that apply):			
New Construction Addition Alteration/Renovation Repair			
Fixture Count:			
Work Type	Number	Cost (Office Use)	
Water Closet			
Basin			
Bath			
Sink			
Urinal			
Shower			
Boiler			
Clothes Washer			
Laundry Tub			
Floor Drain			
Dish Washer			
Roof Drain			
Exterior Hose Bib			
Water Fee			
Misc.			
Total			

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Purpose of Application Continued	SECTION 3
Is this work associated with a Building Application? Yes No Detailed Description of Proposed Work: 	
Applicant Contact Information	SECTION 4
Contractor Name _____ Trade Name _____ Address _____ Postal Code _____ Phone (Work) _____ (Cell) _____ Email Address _____	
Owner Contact Information	SECTION 5
Name _____ Address _____ Postal Code _____ Phone (Home) _____ (Work) _____ (Cell) _____ Email Address _____ Note: Name of property owner must match that listed on the City of St. John's Assessment Roll	
Applicant Signature of Agreement	SECTION 6
I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all City Regulations & By-Laws, agree to develop in accordance with the plans approved by the City of St. John's and not to commence development without applicable written approval and permits from the City of St. John's. In addition, I acknowledge that I have reviewed this application and agree to provide any additional information requested and to pay all applicable fees as noted on the City's fee schedule (www.stjohns.ca). To view these fees, please click on the link below that pertains to your application: Inspection Services Fees and Rates Note: Where the applicant and property owner are not the same, the signature of the property owner is required before the application can be accepted for processing. Applicant Signature _____ Date (yyyy-mm-dd) _____ Property Owner Signature _____ Date (yyyy-mm-dd) _____ Staff Signature _____ Date (yyyy-mm-dd) _____	

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Privacy Statement		SECTION 7
Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your Plumbing Permit Application. Questions about the collection and use of the information may be directed to the Manager of the Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.		
Please submit completed form to: Inspection Services 3rd Floor - Annex 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2 Email: permits@stjohns.ca Fax: 709-576-8160 Call: 709-576-8565		