

# FISHER ARMSTRONG PLANNING DISTRICT

RM of Armstrong	Box 69, Inwood, MB ROC 1P0	204-278-3377	cao@rmofarmstrong.com
RM of Fisher	Box 280 Fisher Branch, MB ROC 0Z0	204-372-6393	<a href="mailto:rmoffisher@mts.net">rmoffisher@mts.net</a>

The undersigned hereby applies for a Permit authorizing the plumbing permit at the following premises:

PRINT CLEARLY, Appropriate fee must accompany application;

LOCATION OF BUILDING: \_\_\_\_\_

No. or Section	Street or Township	City or Range	Municipality
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BUILDING NAME: \_\_\_\_\_

BUILDING SIZE: \_\_\_\_\_

CLASS OF WORK:

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| 1) NEW <input type="checkbox"/>      | 3) REPAIR <input type="checkbox"/>       | 5) ALTERNATION <input type="checkbox"/>     |  |
| 2) ADDITION <input type="checkbox"/> | 4) RENOVAVATION <input type="checkbox"/> | 6) OTHER (SPECIFY) <input type="checkbox"/> |  |

**Applicant:**

NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Owner:**

NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Contractor:**

NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## NUMBER AND LOCATION OF FIXTURES (TRAPS)

FLOOR	FIXTURES	TOILETS	BATHTUBS	SHOWERS	BATHROOM SINKS	URINALS	KITCHEN SINKS	DISHWASHERS	WASHING MACHINES & DRYERS	IN FLOOR WATER RADIANT HEATING	OTHER	FLOOR DRAINS	ROOF TERMINALS	FEES
BASEMENT	X													
1 <sup>ST</sup>	X													
2 <sup>ND</sup>	X													
3 <sup>RD</sup>	X													

For additional stories or fixtures please itemize on separate sheet.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT

Date: _____ Validated by: _____	Permit: _____
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