

# Plumbing Application Form

This form is authorized under subsection 8(1.1) of the Building Code Act.

## For Use by Principal Authority

Date Application Received:	Permit Number:
Date Application Complete:	Roll Number:

Application submitted to: **Municipality of Huron East**  
 (Name of municipality) (Signature Building Inspector) (Date)

### A. Project Information

Building Number, Street Name	Lot	Conc.
Town/City	Plan Number/Other Description	

### B. Use of Building

<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Addition	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
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### C. Fixture Information

Fixtures	Total # of Fixtures	Fixture Units Per Fixtures	Total	Basic Fee (Plumbing Permit)	\$212.00
Water Closet		4		Total Fixture Units..... X \$12.50 per fixture unit	
Basin		1		Sewer inspections (\$136.00 for first 30 meters and \$3.27 for each additional 30 meters)	
Bath		1.5		Water connections inspections (\$136.00 for first 30 meters and \$3.27 for each additional 30 metres)	
Shower Stall		1.5		Repeat Inspections \$126.00	
Kitchen Sink		1.5			
Laundry Tub		1.5		Storm sewer inspection (first 30 meters) \$136.00	
Laundry Waste		1.5		Storm sewer inspection (\$2.08 per linear meter exceeding 30 meters) .....X \$2.08	
Urinals		3		Catchbasins/manholes inspection \$11.50	
2-3 Comp. Sink		3		Inspection of testable backflow prevention devices \$81.00/unit	
Slop Sink		3		Rain water leader piping inspection (\$2.08 per linear meter)	
Prep Sink		1.5		Roof drains inspection (\$11.50 per drain)	
Sewer Injector		3		Main Building Drain inspection (\$2.08 per linear meter)	
Floor Drains		3		Fire/Water service inspection (first 30 meters) \$136.00	
<b>Use for Fixtures Not Listed Above</b>				Fire/Water service inspections (\$2.08 per linear meter exceeding 30 meters)	
4" Trap		6			
3" Trap		5			
2" Trap		3			
1-1/2" Trap		2			
Interceptors		4			
<b>Total Fixture Units</b>				<b>Total Inspection Fee</b>	

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