

RURAL PLUMBING APPLICATION

(PLEASE PRINT)

Plumbing Company Name		Plumbing Company Address		
Town/City		Postal Code	Phone #	Cell #
Journeyman (Print Name)		Journeyman Signature		Certificate of Status Number
Property Owner		Property Owner's Mailing Address		
Town/City		Postal Code	Phone #	Cell #
Work Site Property Address: <input type="checkbox"/> Same as above			Town/City	Postal Code
Lot		Block	Plan	
RM #	Section	Township	Range	West of _____ Meridian

Plumbing system - Fixtures to be Installed:

Kitchen Sinks _____	Shower Stalls _____	Drinking Fountains _____
Bath Tubs _____	Laundry Tubs _____	Urinals _____
Wash Basins _____	Slop Sinks _____	Clothes Washer (No charge) _____
Water Closets _____	Laboratory Sinks _____	Domestic Dishwasher (No charge) _____
Other Fixture _____		Floor Drains (No charge) _____

Plumbing System Test: Water Air Other _____

*** No part of the plumbing system shall be covered until permission is granted by the Local Authority.**

**** Commercial Installations – Must provide plans to the Environmental Health Office for review prior to construction.**

This is a Rural Plumbing Application only, this is NOT a permit

Fee: \$100.00 for the first 10 fixtures, \$5.00 for each additional fixture *(Fee increase as of June 12, 2017)*

Total Number of Fixtures _____ Fee Enclosed \$ _____ Date _____

Applicant _____ Applicant Signature _____

Fax to Environmental Health Department **(306) 766-7730** after completing payment information below:

OR mail application with cheque attached to address below. Include cheque # for cross-reference purposes.

Visa MasterCard Expiry Date: _____ / _____

Credit Card # _____

 Name of Cardholder (as shown on card)

 Cardholder Signature

Cheque # _____
 (payable to Regina Qu'Appelle Health Region)

Mailing Address:
 Environmental Public Health Department
 Regina Qu'Appelle Health Region
 2nd Floor - 2110 Hamilton Street
 Regina, SK S4P 2E3

For Office use only			
Date:	Received by:	Receipt #:	Permit #