



# Rural Plumbing Application (Please Print on application)

**Application forms that are not complete may result in delays. Additional copies are available at [www.saskatoonhealthregion.ca](http://www.saskatoonhealthregion.ca) (search: plumbing)**

In compliance with the provisions of *The Plumbing Regulations* application is hereby made for permission to:  
 Construct  Reconstruct  Extend  Connect the plumbing system on the premises or property of:

|  |                                   |                  |                         |                                   |                              |                  |
|--|-----------------------------------|------------------|-------------------------|-----------------------------------|------------------------------|------------------|
| <b>Plumbing System Installer Information</b> | Plumbing System Installer         |                  | Journeyman (print name) |                                   | Certificate of Status Number |                  |
|  | Installer Address (Box #, Street) |                  |                         | E-mail Address (preferred option) |                              |                  |
|  | Town/City                         | Postal Code      | Phone #                 | Cell #                            | Fax #                        |                  |
| <b>Property Owner Information</b>            | Property Owner                    |                  |                         | E-mail Address (preferred option) |                              |                  |
|  | Mailing Address                   |                  |                         | Phone #                           | Cell #                       |                  |
|  | Town / City                       | Postal Code      |                         |                                   |                              |                  |
| <b>Location Information</b>                  | RM #                              | Subdivision Name | Plan                    | Lot or Parcel                     | Block                        |                  |
|  | - OR -                            |                  |                         |                                   |                              |                  |
|  | RM #                              | Subdivision Name | Section e.g. NE-15      | Township                          | Range                        | West of Meridian |

**Plumbing system** - indicate which fixtures and how many are to be installed:

- |                     |                                |                                  |
|---------------------|--------------------------------|----------------------------------|
| _____ Kitchen Sinks | _____ Shower Stalls            | _____ Laundry Tubs               |
| _____ Lavatories    | _____ Bath Tubs                | _____ Clothes Washer (no charge) |
| _____ Water Closets | _____ Floor Drains (no charge) | _____ Other Fixtures             |

Plumbing System Test: \_\_\_\_\_ Water \_\_\_\_\_ Air      Communal Water OR Sewage Connection:  Yes  No

RTM  Yes  No      RTM Name/# \_\_\_\_\_ (NOTE: Only indicate fixtures installed by applicant.)

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

- **Payment** for one or two fixtures is a **\$20.00 fee**; otherwise fee is **\$40.00** for the first **10 fixtures** plus **\$5.00** for each **additional fixture**.      Total # of Fixtures: \_\_\_\_\_
- Fee for connection to a water pipeline and/or limited-scope water pipeline: **\$20.00**  Yes  No

**Total Fees \$** \_\_\_\_\_ (Applications will NOT be processed without complete payment from **the applicant ONLY.** See attached page 2.)

|                                      |                            |             |
|--------------------------------------|----------------------------|-------------|
| <b>Applicant Name (please print)</b> | <b>Applicant Signature</b> | <b>Date</b> |
|--------------------------------------|----------------------------|-------------|



**This is an application ONLY - this is NOT a permit.  
Financial Information to be Removed After Receipt of Application**

**Fax** to Safe Communities at **(306) 655-4699** after completing payment information below:

Visa  MasterCard Expiry Date: \_\_\_\_ / \_\_\_\_

Credit Card # \_\_\_\_\_

\_\_\_\_\_  
Name of Cardholder (as shown on card)

\_\_\_\_\_  
Cardholder Signature

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

Cheque # \_\_\_\_\_ (payable to Saskatoon Health Region).

**Mailing Address:**

Safe Communities Department  
Population and Public Health  
101 - 310 Idylwyld Drive North  
SASKATOON SK S7L 0Z2

**For Office Use Only**

Date:

Received by: