



TSAWASSEN FIRST NATION
s̓c̓awaθən məsteyəx™

1926 Tsawwassen Drive
Tsawwassen, BC V4M 4G2
Canada

Tel 604 943 2112
Fax 604 943 9226
www.tsawwassenfirstnation.com

PLUMBING PERMIT APPLICATION

All work performed under a Tsawwassen Plumbing Permit must conform to the requirements of the current BC Plumbing Code.

Applicant Name:														
Job Site Address:														
Contact info:											Building Permit #:			
Contractor Name:											TQ#:			
Contractor Address:											Business Licence #:			
											Phone number:			

FIXTURES TO BE INSTALLED

Storey	TOILET	BASIN	BATH TUB	KIT'N SINK	LDYR TUB	SHWR	A/W	D/W	HWT	FLR DRAIN	BAR SINK	HOSE BIB	RWL	BFP	OTHER
Ground/Main	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total # of fixtures:		\$70.00 + \$25.00 per fixture + 5% GST
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Signature of Applicant	Date:
_____	_____

For Office Use Only

Date Received:	File #:	Date Approved:
_____	_____	_____

NOTES

Total Fee \$ _____ PAID



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