

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 Central Huron**
(Name of municipality)

A. Project Information

Name of Owner	Lot	Conc./Plan Number
Building Number, Street Name	Town/City	

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
2-3 Comp. Sink		3	
Basin		1	
Bath		1.5	
Floor Drains		3	
Kitchen Sink		1.5	
Laundry Tub		1.5	
Laundry Waste		1.5	
Prep Sink		1.5	
Sewer Injector		3	
Shower Stall		1.5	
Slop Sink		3	
Urinals		3	
Water Closet		4	
Use for Fixtures Not Listed Above			
4" Trap		6	
3" Trap		5	
2" Trap		3	
1-1/2" Trap		2	
Interceptors		4	
Total Fixture Units			

Inspections Required	
Sewer inspections	
Water connections inspections	
Alterations without addition of fixtures	
Storm sewer inspection (first 30 meters)	
Storm sewer inspection (exceeding 30 meters)	
Catchbasins/manholes inspection	
Inspection of testable backflow prevention devices	
Rain water leader piping inspection	
Roof drains inspection	
Main Building Drain inspection	
Fire/Water service inspection (first 30 meters)	
Fire/Water service inspections (exceeding 30 meters)	

Date _____ Signature of Applicant _____