

# Plumbing Permit Application

**Plumbing Permits protect your interests by providing an independent review to ensure that the materials and methods employed on your project are safe according to the minimum standards outlined in the BC Building Code and the District of Oak Bay Bylaws.**

| Date:   |     |                |        |                  |     |                          |     |
|---|-----|----------------|--------|------------------|-----|--------------------------|-----|
| Project Civic Address:  |     |                |        |                  |     |                          |     |
| Is this work part of an existing Building Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |                |        |                  |     |                          |     |
| If Yes, what is the associated BP#?   |     |                |        |                  |     |                          |     |
| Project Legal Description (Lot, Block, District Lot, Plan):   |     |                |        |                  |     |                          |     |
| <b>Applicant Name:</b>  |     |                |        |                  |     |                          |     |
| Mailing Address:  |     |                |        |                  |     | Postal Code:             |     |
| Phone:  |     |                | Email: |                  |     |                          |     |
| <b>Property Owner:</b>  |     |                |        |                  |     |                          |     |
| Mailing Address:  |     |                |        |                  |     | Postal Code:             |     |
| Phone:  |     |                | Email: |                  |     |                          |     |
| <b>Plumbing Company/Plumber:</b>  |     |                |        |                  |     | TQ Number:               |     |
| Mailing Address:  |     |                |        |                  |     | Postal Code:             |     |
| Phone:  |     |                | Email: |                  |     |                          |     |
| <b>Are the Plumbing Works located within the Protected Root Zone:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |     |                |        |                  |     |                          |     |
| The Tree Protection Bylaw (No. 4742) defines a Root Zone as: <i>“the area of land surrounding the trunk of a tree, which based on examination in the field, has been delineated by the Manager of Parks Services or his designate as a protected root zone, or in default thereof the area of land surrounding the trunk of a contained within a circle having a radius equal to the dbh of the tree multiplied by 18.”</i> |     |                |        |                  |     |                          |     |
| <b>What Plumbing Works are Being Applied For (select all that apply)?</b>   |     |                |        |                  |     |                          |     |
| Note: the base plumbing permit fee is \$15, plus an additional amount based on the work being applied for (see Schedule B of the Building and Plumbing Bylaw 4247).   |     |                |        |                  |     |                          |     |
| FIXTURES  | QTY | FIXTURES       | QTY    | FIXTURES         | QTY | WATER                    | QTY |
| Bar Sink  |     | Dishwasher     |        | Laundry Sink     |     | 3/4 inch water line      |     |
| Bath Tub  |     | Floor Drain    |        | Lavatory Basin   |     | 1 inch water line        |     |
| Bidet   |     | Hot Water Tank |        | Shower           |     | 1 1/4 inch water line    |     |
| Clothes Washer  |     | Kitchen Sink   |        | Sump/Catch Basin |     | Dual Check Valve         |     |
|   |     |                |        | Toilet           |     | Water Meter - _____ Size |     |

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| SEWER/STORM            | QTY | FIRE                                  | QTY |
|------------------------|-----|---------------------------------------|-----|
| Storm Drain Lateral    |     | Fire Protection Standpipe (1-4 Hoses) |     |
| Sanitary Sewer Lateral |     | Additional Hose Connection            |     |
| Manhole/Interceptor    |     | Fire Sprinkler System (1-10 Heads)    |     |
|                        |     | Additional Sprinkler Heads            |     |
|                        |     |                                       |     |
| IRRIGATION             | QTY | OTHER                                 | QTY |
| Irrigation System      |     | Special Equipment, Not Listed Above   |     |
| Backflow Preventer     |     |                                       |     |

**WAIVER OF LIABILITY:** In consideration of the granting of this permit, I/we agree to release and indemnify the District of Oak Bay, its Council members, employees and agents from and again all liability, demands, claims, causes of actions, suits, judgements, losses, damages, costs, expenses of whatever kind I/we or any other person, partnership or corporation of my/our/their respective heirs, successors, administrator or assignees may have or incur in consequence of or incidental to the granting of this permit or any inspections, failure to I/we agree that the District of Oak Bay owes me/us no duty of care in respect to these matters.

**COLLECTION INFORMATION:** The personal information collected on this form is authorized under the authority of Section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information will be used by the District of Oak Bay to process your application. Please note that as a result of this application, copies of any associated permits, plans and/or other related property records (excluding any personal information therein) will be available to the public, either on a routine basis or by request to the Freedom of Information program. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at [foi@oakbay.ca](mailto:foi@oakbay.ca) or 250-598-3311.

**AGENT AUTHORIZATION (if applicable):** The person signing this form, if not the owner, acknowledges that this signature is as agent for the owner and that he is authorized to bind the owner who is deemed to know of and understand the contents of this form.

|                         |  |
|-------------------------|--|
| Signature of Applicant: | Please Indicate: <input type="checkbox"/> Owner <input type="checkbox"/> Agent |
|                         | Date:  |

**OFFICE USE ONLY**

|                          |                     |
|--------------------------|---------------------|
| Application received by: | Date:               |
| Plumbing Folder No:      | Building Folder No: |