



# APPLICATION FOR PLUMBING PERMIT

## The Cypress Planning District

Box 1000, Carberry, Manitoba, R0K 0H0 Phone:  
1-204-834-6618 • Fax: 1-204-834-6619  
Email: [inspector@cypressplanningdistrict.com](mailto:inspector@cypressplanningdistrict.com)

_____ Town of Carberry _____ Municipality of Glenboro-South Cypress _____ Municipality of North Cypress Langford	Date: _____ Plumbing Permit No.: _____ Building Permit No.: _____
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Pursuant to the provisions of the latest edition of the Manitoba Plumbing Code, and amendments thereto, the undersigned hereby applies for a permit under the said By-law to construct, reconstruct, renew, and or extend, as described below, the plumbing, drainage, and mechanical systems in the premises located at:

Applicant \_\_\_\_\_ Address \_\_\_\_\_  
 Owner \_\_\_\_\_ Address \_\_\_\_\_  
 Licensed Plumber \_\_\_\_\_ Address \_\_\_\_\_  
 (Lot/Section) \_\_\_\_\_ (Block/Township) \_\_\_\_\_ (Plan/Range) \_\_\_\_\_  
 Street Address \_\_\_\_\_ Use of Building \_\_\_\_\_ New or Existing \_\_\_\_\_

FLOOR	Water Closet	Urinal	Bidet	Bath Tub	Shower	Lavatory	Sink Type						Dishwasher, commercial	Drinking Fountain	Laundry Tray	Potable Water Well	Floor Drain	Miscellaneous	FEES
							Kitchen	Bar	Shop	Janitor	3 Compartment	Auxiliary							
Basement																			
1 <sup>st</sup>																			
2 <sup>nd</sup>																			
3 <sup>rd</sup>																			
4 <sup>th</sup>																			
Other																			

Water Line: Size \_\_\_\_\_ Type of Material \_\_\_\_\_ Sewer Line: Size \_\_\_\_\_ Type of Material \_\_\_\_\_

Sewer Service Connections New \_\_\_\_\_ Existing \_\_\_\_\_ TOTAL FEE \_\_\_\_\_

Onsite Wastewater Management System (OWMS) permit required \_\_\_\_\_ RECEIPT No. \_\_\_\_\_

Municipal Sewer Connection required \_\_\_\_\_ Municipal Water Connection required \_\_\_\_\_

APPROVALS: \_\_\_\_\_

Remarks and Conditions \_\_\_\_\_  
 \_\_\_\_\_  
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**NOTE: 24 HOURS NOTICE IS REQUIRED FOR INSPECTIONS.**  
 TO ARRANGE INSPECTIONS, PLEASE CALL (ABOVE NUMBER) MONDAY THROUGH FRIDAY.

Applicant \_\_\_\_\_ (Firm Name) \_\_\_\_\_ Signature \_\_\_\_\_

Date Approved \_\_\_\_\_ Approved by \_\_\_\_\_