



THE CORPORATION OF THE DISTRICT OF OAK BAY
 MUNICIPAL HALL – 2167 OAK BAY AVENUE – VICTORIA B.C. V8R 1G2
 PHONE (250) 598-3311 FAX (250) 598-9108 WEBSITE: www.oakbaybc.org

PLUMBING PERMIT APPLICATION

Permit # _____

Part of BP# _____

Address of property: _____

Name of Owner: _____

Contractor's Name _____

Contractor's Address _____ Postal Code _____

Business License Yes No Telephone No. _____

Work to be carried out: In Basement Main Floor Upper Floor

Fixture Name	New	Replacement	Fixture Name	New	Replacement
Bar Sink			Hot Water Tank		
Bath Tub			Kitchen Sink		
Bidet			Laundry Tub		
Clothes Washer			Lavatory Basin		
Dish Washer			Shower		
Floor Drain			Toilet/Water Closet		

Total Number of Fixtures	_____	@ \$ 10.00 per fixture	\$ _____
Backflow Assembly	_____	@ \$ 20.00 each	\$ _____
Irrigation System	_____	@ \$ 25.00 each	\$ _____
Sanitary Laterals	_____	@ \$ 25.00 each	\$ _____
Storm Laterals	_____	@ \$ 25.00 each	\$ _____
Sump, Catch Basin, Interceptors & Manholes	_____	@ \$ 25.00 each	\$ _____
Roof Drains/Roof Leaders	_____	@ \$ 10.00 each	\$ _____
Fire Protection Standpipes [1-4 Hoses]	_____	@ \$ 20.00 each	\$ _____
Additional Hose Connection	_____	@ \$ 10.00 each	\$ _____
Sprinkler Systems [1-10 Heads]	_____	@ \$ 50.00 each	\$ _____
Additional Heads	_____	@ \$ 5.00 each	\$ _____
Water Line – ¾ inch or 1 inch	_____	@ \$ 20.00 each	\$ _____
Dual Check Valve Assembly	_____	@ \$175.00 each	\$ _____
Meter – ¾ inch or 1 inch	_____	@ \$150.00 each	\$ _____
Special Equipment not Listed [Other]	_____	@ \$ 20.00 each	\$ _____
Repair or Alteration Work [No Fixtures]	_____	@ \$ 30.00 each	\$ _____
		Basic Fee	\$ 15.00

I hereby apply for a permit to install the plumbing work noted and I agree to comply with the requirements of the Plumbing By-law and other Regulations relating to the installation, inspection and testing of this work.

Isometric plumbing drawings required if work completed by persons other than Trade Qualified Plumber.

Date

Signature of Plumber **or** Owner