PLUMBING PERMIT APPLICATION 4187 Hwy #317 (Box 100), Lac du Bonnet, MB, ROE 1A0 Phone: 204-345-2619 Fax: 204-345-6716 www.rmoflacdubonnet.com					
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	N. X. MAN				
Lac du Bo	nnet Pla		ing Di	strict	2
COMMERCIAL				RESIDENTIAL	
	CONTA	CT INF	ORMATION		
OWNER:			APPLICANT: MAILING ADDRESS:		
CITY / PROVINCE:			CITY / PROVINCE:		
POSTAL CODE:		<u> </u>	POSTAL CODE:		
PHONE NO.:			PHONE NO.:		
EMAIL:			EMAIL:		
	PROPE	RTY IN	FORMATION		
RM OF LAC DU BONNET	OWN OF LAC DU BONN	ET			
ROLL NO.:					
CIVIC ADDRESS:					
DESCRIPTION OF WORK(S):					
					_
Number of Plumbing Fixtures:	PROPOSED B	UILDII	NG INFORMATIO	N	
Includes all floor drains and intercep	tors				
					_
COMMERCIA	-	RED IN	FORMATION	RESIDENTIAL	
Layout Plan of Proposed			La	ayout Plan of Proposed Work to be completed Maximum Hard Copy Size of 11" x 17"	
Licensed Plumber to provide a Copy of Certification / Red Seal			Letter of Authorizat	tion (for applicants other than owner of property)	
Letter of Authorization (for applicants other than owner of property)					
			ATION		
The undersigned hereby applies for a pe				-laws and provincial regulations applicable thereto.	
Applicant Name:					
	Date:				
Due to the high volume of applicati	ons, failure to provid	de all r	requested docun	nentation with the application will resul	t

in the applicant being required to re-submit the updated and completed application package.