



**BUILDING DEPARTMENT**  
 21 Trowbridge Street West  
 Meaford, ON  
 N4L 1A1

Phone: (519) 538-1060  
 Fax: (519) 538-1556

**PLUMBING APPLICATION**

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ License No. \_\_\_\_\_

New Installation  Alteration  Repair

Complete box A or B, whichever is applicable and box C

A			
Description of Fixture	Total # of Fixtures	Rate per Fixture	Fee
Water Closet (toilet)		\$8.04	
Lavatory (sink)		\$8.04	
Bath Tub		\$8.04	
Kitchen Sink		\$8.04	
Laundry Tub		\$8.04	
Shower Stall		\$8.04	
Urinal		\$8.04	
3 Compartment Sink		\$8.04	
Washing Machine		\$8.04	
Floor Drain		\$8.04	
Bidet		\$8.04	
Other (Table 7.4.9.3. OBC)		\$8.04	
Alteration to Existing Plumbing and Additions: # of fixtures _____ @ \$8.04			
PLUS Flat Fee: \$60.00			\$60.00
B			
Flat Fee for New Home Installations: \$60.00 per Floor: # of floors _____ @ \$60.00			
C			
<b>Total Value of Permit</b>			

I hereby agree to conform strictly to all provisions of the Municipality of Meaford By-Laws and to all Rules and Regulations relating to plumbing made under the Ontario Building Code, to give due notice when work is ready for inspection and to leave all pipes and fixtures accessible for inspection without use of any tools whatsoever.

**NOTIFICATION FOR INSPECTION shall be made at least 48 HOURS prior to the inspection date and all work shall be left uncovered until inspected, tested (water or air) and accepted.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Owner or Authorized Agent