



TOWN OF LAKE COWICHAN
BUILDING INSPECTION DEPARTMENT
PLUMBING INSPECTION AUTHORIZATION FORM

FOLIO NO.:

PERMIT NO.:

CONTRACTOR INFORMATION

NAME:		TRADE QUALIFICATION NUMBER #:	
ADDRESS:			
CITY:	POSTAL CODE:	PHONE:	FAX:

PROPERTY INFORMATION

NAME OF OWNER / AGENT:	
ADDRESS:	
CITY:	POSTAL CODE:

CERTIFICATION AND SIGNATURE

This is to confirm that I have personally completed the plumbing installation at _____
Street Address of Property

and declare the following:

1. That I am registered as a plumber with the Town of Lake Cowichan (or a photocopy of my BC Tradesman's qualification certificate is attached).
2. That I have installed the plumbing and conducted all the required test in accordance with the current BC Plumbing Code of which I possess a copy.
3. That I have reviewed and followed the building plan accompanying the building permit described herein.

I further declare that the following plumbing is completed and ready for inspection.

	DATE TESTED		DATE TESTED
1. Underslab plumbing	_____	5. Sanitary connection	_____
2. Water Connection	_____	6. Sprinkler system – Fire Suppression	_____
3. Storm Drain Connection	_____	7. Sprinkler system – Irrigation	_____
4. Plumbing rough-in	_____		

Signature _____

Date _____