



Building Inspection Department
300-465 Victoria Street
Kamloops, BC | V2C 2A0

T 250.377.8673
E building@tnrd.ca
tnrd.ca

BP- _____ (Office use only)

Address of Construction	
Parcel Identification Number (9-digit PID) ____ _	OR Legal Description

Landowner

Registered Owner's Name
Registered Owner's Mailing Address
Number _____ Street _____
City _____ Postal Code _____
Email _____
Phone _____

Ticketed Plumber or Owner Builder (Isometric drawings required)

Name
Representing - Company Name
Number _____ Street _____
City _____ Postal Code _____
Email _____
Phone _____

Is this the first time the Plumber has taken out a permit with the TNRD? Yes Attach a copy of the Plumbers Trades Qualification to the Plumbing application.

Number of Plumbing Fixtures to be installed or repaired

___ Water Closets (toilets)
___ Bath Tubs
___ Showers
___ Wash Basins (Lav's)
___ Sinks (Kitchen, Bar etc)
___ Laundry Tubs
___ Floor Drains

___ Urinals
___ Washing Machines
___ Hot Water Tank / Tankless
___ Boiler / Radiant
___ Dishwashers
___ Sump Pump
___ Other

Other Plumbing

___ Back Flow Preventer
___ Catch Basin
___ Interceptor
___ Fire Sprinkler Head
___ Other

I, the owner of the property which is the subject of this Application, or the agent of the owner of the property which is the subject of this Permit, understand and agree that the owner of the property is fully responsible for carrying out, or causing to be carried out, all work which is contemplated under this Permit, if issued, to ensure compliance with the Building Code, all applicable Bylaws of the Thompson-Nicola Regional District (TNRD) and other applicable enactments. In consideration of the granting of this Permit, if issued, I, the owner of the property which is the subject of this Application, or the agent of the owner of the property which is the subject of this Application, agree to indemnify and save the TNRD harmless from any action or cost whatsoever arising out of or incidental to the granting of this Permit.

I have read and understand all requirements of this Application.

Applicant's Name (please print):	Contact Phone:
Applicant's Signature:	Date: