



Inspection and Technical Services

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Web: <https://www.gov.mb.ca/labour/its/>

ITS BC Form - 26
PLUMBING PERMIT APPLICATION
The Buildings Act

this area is for Office Use Only

Instructions: PRINT CLEARLY

LOCATION OF BUILDING:																			
(Land Description)						(City or Town or Range)						(Municipality)							
BUILDING NAME: _____																			
BUILDING SIZE: _____																			
CLASS OF WORK:																			
1) NEW				2) ADDITION				3) RENOVATION											
4) RELOCATION				5) CAHNGE IN OCCUPANCY				6) OTHER (SPECIFY)											
MAJOR OCCUPANCY:						BUILDING PERMIT NO:						NEW OR REVISION:							
NO. OF DWELLING UNITS:						NO. OF OTHER UNITS:						NO. OF STOREYS:							
AREA OF ROOF AND PAVED SURFACE TO BE DRAINED:								SIZE OF HOUSE DRAIN AND TRAP:											
APPLICANT:																			
						Address/City/Postal Code:						Email:							
												Phone:							
OWNER:						Address/City/Postal Code:						Email:							
												Phone:							
NUMBER AND LOCATION OF FIXTURES (TRAPS)																			
FLOOR		WATER CLOSETS	BATHTUBS	BASINS	KITCHEN SINKS	LAUNDRY TUBS	AUTO WASHERS	SHOWERS	URINALS								FLOOR DRAINS	ROOF TERMINAS	FEES
BASEMENT	FIXTURES																		
1ST	FIXTURES																		
2ND	FIXTURES																		
3RD	FIXTURES																		
4TH	FIXTURES																		
For Additional Stories Please Itemize on Separate Sheet																			
Signature of Applicant: _____											Date: _____								
WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT – FOR OFFICE USE ONLY																			
Assignments: _____						Validated By: _____						Date: _____						Plumbing Permit #: _____ - P	

1 - OFFICE COPY; 2 - CONTROL COPY; 3 - APPLICANT'S COP