

Plumbing Data

This form must be completed by the Permit Applicant and accompany a Permit Application Form

For use by Municipality of Morris Turnberry

Application number:	Date received:
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A. Project Information

Building number, street name	Unit number	Lot/con.
Municipality	Postal code	M-Plan/ R-Plan Number

B. Specify Building Type	C. Building Drains / Sewers
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Residential: <input type="checkbox"/> Dwelling Unit (New/Add) <input type="checkbox"/> Dwelling Unit (Alter) <input type="checkbox"/> Apartment Building	Non-Residential: <input type="checkbox"/> Indust./Comm. (New) <input type="checkbox"/> Indust./Comm. (Alter) <input type="checkbox"/> Institutional	Water (Dom) <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Private (Well)	Water (Fire) <input type="checkbox"/> Municipal <input type="checkbox"/> Private	Sewage <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewers <input type="checkbox"/> Private (Septic)
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D. Fixtures	E. Site Services Drains / Sewers [Specify length in metres]
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<i>Specify Number of New or Relocated Fixtures only</i>	Number of Fixtures			Diameter (mm)	100	150	200	250	300	>300
	Below Grade	Above Grade	Total							
Bar Sinks				Building Sanitary Sewer						
Bathtubs				Building Sanitary Drain						
Showers				Building Storm Sewer						
Bidets				Building Storm Drain						
Wash Basins (Lavatories)				Where applicable, specify number of:						
Sinks (Kitchen, Service)				Area Drains						
Dishwashers				Catch Basins						
Laundry Tubs				Manholes						
Clothes Washer				Intake Structures						
Water Closets				Outfall Structures						
Hot Water Tanks				F. Water Service						
Floor Drains				Combined Water Service:		mm (Diameter),		m (Length)		
Test Backflow Preventer				Domestic Water Main:		mm (Diameter),		m (Length)		
Other Backflow Preventer				Fire Service Main:		mm (Diameter),		m (Length)		
Sump Pump				Number of Fire Hydrants:						
Drinking Fountains				Number of Siamese Connections:						
Urinals				G. Other Appurtenances: (Specify Number of each)						
Grease/Oil Interceptor				Hydronic Heating System						
Indirect Drains				Other (Specify):						
Roof Drains				H. Type of Material Used on Project						
Other (Specify):				<input type="checkbox"/> NonComb	Specify	Specify	Specify			
				<input type="checkbox"/> Comb						

I. Applicant Signature

Date	Signature of Permit Applicant