

For use by the Town of East Gwillimbury

Application number:

Date received:

A. Project Information

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

B. Specify Building Type

Multi-Unit 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
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C. Building Drains / Sewers

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]

Specify Number of New or Relocated Fixtures only	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				Other (Specify):						
Floor Drains				F. Water Service						
Test Backflow Preventer				Combined Water Service:	mm (Diameter),				m (Length)	
Other Backflow Preventer				Domestic Water Main:	mm (Diameter),				m (Length)	
Sump Pump				Fire Service Main:	mm (Diameter),				m (Length)	
Drinking Fountains				Number of Fire Hydrants:						
Urinals				Number of Siamese Connections:						
Grease/Oil Interceptor				G. Other Appurtenances: (Specify Number of each)						
Indirect Drains				Hydronic Heating System						
Roof Drains				Other (Specify):						
Other (Specify):				H. Type of Material Used on Project						
				<input type="checkbox"/> NonComb	Specify	Specify	Specify			
				<input type="checkbox"/> Comb						

I. Applicant Signature

_____ Date

_____ Signature of Permit Applicant