



Building Division, Planning and Development Department  
4949 Canada Way, Burnaby, BC B5G 1M2  
Phone: 604-294-7130 E-mail: [Permits@Burnaby.ca](mailto:Permits@Burnaby.ca)

# PLUMBING AND HYDRONIC PERMIT APPLICATION

Application Date: \_\_\_\_\_

Customer Service Assistant: \_\_\_\_\_

This application must be completed in its entirety. If any fields are not complete, the application WILL NOT be processed.

For all applications received online, via e-mail or mail, an invoice will be e-mailed to the contractor and payment can be made online at:

<https://invoices.burnaby.ca/>

## Section 1: Property Information

<b>BUILDING PERMIT #:</b> BLD	<b>PLM</b> (Office Use Only)
<b>SITE ADDRESS:</b>	
<b>TENANT NAME:</b>	
<b>Project Description:</b>	
<b>Value of Work (Required):</b>	(Fees for informational purposes only) Does <i>not</i> apply to New Houses

## Section 2: Contractor Information

<b>APPLICANT:</b> <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> HOMEOWNER <u>Owners</u> of a home with a secondary suite <b>CANNOT</b> apply for a Homeowner's Permit		
<b>COMPANY NAME:</b>		<b>BUSINESS LICENSE:</b> (Burnaby or IMBL)
<b>ADDRESS:</b>	<b>CITY:</b>	<b>POSTAL CODE:</b>
<b>PHONE NUMBER:</b>	<b>E-MAIL:</b>	
<b>PLUMBING INSTALLER NAME:</b>		<b>PLUMBING INSTALLER TQ:</b>
<b>SITE CONTACT NAME:</b>	<b>PHONE NUMBER:</b>	<b>E-MAIL:</b>
<b>TYPE OF WORK:</b> <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> ALTERATION OR ADDITION <input type="checkbox"/> SITE SERVICES <input type="checkbox"/> REPLACEMENT OR REPAIR <input type="checkbox"/> OTHER:		
<b>OCCUPANCY:</b> <input type="checkbox"/> New House <input type="checkbox"/> New Multi Family <input type="checkbox"/> New Commercial <input type="checkbox"/> Existing House <input type="checkbox"/> Existing Multi Family <input type="checkbox"/> Existing Commercial		

## Section 3: Property Owner Information

This information is mandatory for all permits not associated to a building permit.

<b>PROPERTY OWNER NAME:</b>
<b>PHONE NUMBER:</b> <b>E-MAIL:</b>

## Section 4: PLUMBING FIXTURES ARE TO BE ENTERED ON PAGE 2 OF THIS APPLICATION

## Section 5: HYDRONIC HEATING

<b>CALCULATIONS SUBMITTED:</b> (Original TECA Seal) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HTG</b> (Office Use Only)
<b>BOILER SIZE INPUT (BTU'S)</b> (Minimum 50 BTU's):	<input type="checkbox"/> RADIANT <input type="checkbox"/> BASEBOARD <input type="checkbox"/> COMBO
<b>HEATING INSTALLER NAME:</b>	<b>HEATING INSTALLER TQ:</b>

*"I hereby declare that the Provincial licence and/or certification is in effect and valid and that all other information contained in this application is accurate. I acknowledge that the City is relying on this declaration for issuance of permit. I further confirm that all work performed under this permit shall be done in accordance with all applicable City of Burnaby Bylaws and Provincial Regulations."*

*Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at [FOI@burnaby.ca](mailto:FOI@burnaby.ca) or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PLUMBING FIXTURES

INSIDE FIXTURES					
PLUMBING FIXTURE(S):	QTY	QTY	QTY	QTY	QTY
<i>Floor:</i>					
WATER CLOSET					
LAVATORY					
BATHTUB					
SHOWER					
URINAL					
BIDET					
DISHWASHER					
KITCHEN SINK					
BAR SINK					
HAND SINK					
COMPARTMENT SINK (2 or 3)					
SERVICE SINK					
LAB SINK					
CLOTHES WASHER					
LAUNDRY TUB					
DRINKING FOUNTAIN					
HOT WATER TANK					
FLOOR DRAIN					
ROOF DRAIN					
DECK DRAIN					
TRENCH DRAIN					
ACID NEUTRALIZER					
EYE WASH/EMG. SHOWER					
DENTAL UNIT					
GARBAGE GRINDER					
ICE MACHINE					
WATER METER					
INSIDE SAN PUMP					
INSIDE STORM SUMP					
LAWN/PLANTER DRAIN					
AREA DRAIN					
HUB DRAIN					
OTHER:					

OUTSIDE (SITE) SERVICES		
OUTSIDE PIPING	TOTAL NUMBER OF METERS	LOCATION
SITE PIPING STORM (PER 30M)		
SITE PIPING SANITARY (PER 30M)		
SITE PIPING WATER (PER 30M)		
FUTURE PIPING (PER 30M)		
ALTERATION (NO FIXTURE – PER 30M)		
OTHER PIPING:		

INTERCEPTORS		QTY
SUMP	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
STORM MANHOLE	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
SANITARY MANHOLE	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
OIL INTERCEPTOR	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
CATCH BASIN	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
FIRE HYDRANT	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
PUMPED STORM SUMP	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
PUMPED SANITARY SUMP	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
SOLID INTERCEPTOR	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
GREASE INTERCEPTOR	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
TRENCH DRAIN	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
OTHER:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

INSIDE PIPING	TOTAL NUMBER OF METERS	LOCATION
SITE PIPING STORM (PER 30M)		
SITE PIPING SANITARY (PER 30M)		
SITE PIPING WATER (PER 30M)		
FUTURE PIPING (PER 30M)		
ALTERATION (NO FIXTURE – PER 30M)		
OTHER PIPING:		

RE-PIPING INSIDE	
DESCRIPTION	QTY/M
REPLACEMENT WATER PIPE (PER 30M)	
RE-PIPE OF SUITES (# OF SUITES)	

**If this permit is for a commercial site – Ask for spec sheet at building front counter.**