



Plumbing Data Form

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

For use by the Town of East Gwillimbury

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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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	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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Specify Number of New or Relocated Fixtures only	Number of Fixtures			Diameter (mm)	100	150	200	250	300	>300
	Below Grade	Above Grade	Total							
				Building Sanitary Sewer						
				Building Sanitary Drain						
Bar Sinks				Building Storm Sewer						
Bathtubs				Building Storm Drain						
Showers				Where applicable, specify number of:						
Bidets				Area Drains						
Wash Basins (Lavatories)				Catch Basins						
Sinks (Kitchen, Service)				Manholes						
Dishwashers				Intake Structures						
Laundry Tubs				Outfall Structures						
Clothes Washer				Other (Specify):						
Water Closets				F. Water Service						
Hot Water Tanks				Combined Water Service:	mm (Diameter),		m (Length)			
Floor Drains				Domestic Water Main:	mm (Diameter),		m (Length)			
Test Backflow Preventer				Fire Service Main:	mm (Diameter),		m (Length)			
Other Backflow Preventer				Number of Fire Hydrants:						
Sump Pump				Number of Siamese Connections:						
Drinking Fountains				G. Other Appurtenances: (Specify Number of each)						
Urinals				Hydronic Heating System						
Grease/Oil Interceptor				Other (Specify):						
Indirect Drains				H. Type of Material Used on Project						
Roof Drains				<input type="checkbox"/> NonComb	Specify	Specify	Specify	Specify	Specify	Specify
Other (Specify):				<input type="checkbox"/> Comb						

I. Applicant Signature

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Date	Signature of Permit Applicant