



Email: cbo@townofkearney.ca
Website: www.townofkearney.ca
Phone: 705 636 7752
Fax: 705 636 0527

P.O. Box 38
8 Main Street Phone:
Kearney, Ontario
POA 1M0

Plumbing Application

Type of Application:	
Master Plumber : ☐	Plumbing Contractor : ☐
Residential : ☐	Non- Residential : ☐
Project Information:	
Applicant Name:	Building Permit No. :
Street Address:	
City and Province:	
Postal Code:	
Business Phone/Fax:	
Certificate of Qualification Number (Ontario): Plumbers Business Phone/Fax:	
Application for Plumbing Installation is hereby authorized as part of Building Permit Number _____	
Date: _____ Chief Building Official: _____	
Notice of Completion (Required for Final) :	
I, _____ Lic # _____ certify that all plumbing work completed under permit _____ conform to Part 7 Division B of The Ontario Building Code including all inspections and applicable tests.	
Test Performed and Date : Supply : _____ Drainage : _____	
Result: _____	
Plumber Name/Lic # _____ Signature _____	

- Further to this application non-residential applications to be accompanied by drawings.