



Plumbing Contractor Declaration of Compliance

Fax Declaration to 604-467-7461 OR E-mail to inspectionrequests@mapleridge.ca OR send via regular mail

THIS IS BEING ACCEPTED FOR THE SPECIFIC INSTALLATION NOTED BELOW ONLY DUE TO THE CURRENT COVID-19 ISSUE.

***Installation** (Please print clearly)

*Permit Number:	* Date Inspection is Requested for:	Office use only:
*Installation Address:(Unit #; Civic #; Street Name)		
Notes/Work Description. (You MUST enter the description of work for this particular inspection request.)		

***Registered Plumbing Contractor** (Please print clearly)

Licensed Contractor(TQ) Name: <small>(please print)</small>		Trades Qualification No.	
Contact Phone #:	Cell:	E-mail:	
Complete Mailing Address: (Unit/Suite #; Civic #; Street Name; City; Postal Code)			

***Declaration**

<input type="checkbox"/> Final	<input type="checkbox"/> U/G Plbg	<input type="checkbox"/> DWV	<input type="checkbox"/> W/P T & T
<p>"I _____ a licenced trades qualified contractor, hereby declare that the plumbing installation authorized under the above permit has been installed in compliance with the BC Plumbing Code and BC Building Code current editions as amended and has been left in a safe operating condition. Furthermore, all fixtures & devices have been sized and installed as per permit."</p>			
Plumbing Contractor Signature:		Date:	YYYY MM DD
<input type="checkbox"/> Plumbing work complete in accordance with the provisions of the BC Plumbing Code & City of Maple Ridge Building Bylaw and without municipal inspections			
<input type="checkbox"/> Deficiencies of:	Failed Insp Date:	YYYY MM DD	Have been corrected.

Office use only:

Installation as noted above has been accepted on the basis of the Licenced Plumbing Contractor.			Name: <small>(Please print)</small>
YYYY	MM	DD	Trades Inspector Signature.
Date:			