

DATE RECEIVED	OFFICE USE
	Permit No. _____
	House No. _____

**City of Welland**  
**Integrated Services**  
**Building Division**  
60 East Main Street, Welland, Ontario. L3B 3X4  
Telephone: 905-735-1700 Fax: 905-735-8772  
[www.welland.ca](http://www.welland.ca)

## **MASTER PLUMBERS LETTER OF COMMITMENT**

### **IN CONFORMANCE WITH BY-LAW NO. 8324:**

This form is to be completed by a Master Plumber licensed with the City of Welland to ensure that the applicant for a building permit will be using a Master Plumber licensed by the City of Welland to perform all plumbing work with respect to the building permit application.

<b>TO BE FILLED OUT BY OWNER/CONTRACTOR</b>
Name of Owner or Building Contractor
Owner or Builders Address
Location of Project

<b>TO BE FILLED OUT BY MASTER PLUMBER</b>		
This is to confirm that I have given _____ <div style="text-align: right; font-size: small;">(Owner or Building Contractor)</div> permission to take out a Plumbing Permit in my name		
Master Plumbers Name	Tel. No.	Fax
Address		PC
Signature	City of Welland License No.	
<input type="checkbox"/> I have reviewed the drawings submitted for Permit and will notify the Chief Building Official of any changes prior to construction.		

<b>TYPE OF CONSTRUCTION</b>
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Renovations <input type="checkbox"/> Repair Existing <input type="checkbox"/> Other

<b>PIPE MATERIAL ABOVE-GROUND – Complete for Non-Residential and Multiple Residential Projects (not houses, semi-detached and townhouses)</b>	
<input type="checkbox"/> Combustible	Specify: _____ (Must be as per approved drawings and specifications)
<input type="checkbox"/> Non-Combustible	Specify: _____ (Must be as per approved drawings and specifications)
Fire Stopping by: <input type="checkbox"/> Plumber	
<input type="checkbox"/> Other	_____