

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

City of Welland
Infrastructure and Development Services
 Planning and Building Division
 60 East Main Street, Welland, ON L3B 3X4
Phone: 905-735-1700 Ext. 2251 | **Fax:** 905-735-8772
Email: devserv@welland.ca | 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.

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

TO BE FILLED OUT BY MASTER PLUMBER		
This is to confirm that I have given permission _____ to take out a Plumbing Permit in my name <small>(Owner or Building Contractor)</small>		
Master Plumbers Name	Tel. No.	Fax
Master Plumbers Company Name		
Address	City	Postal Code
Email		
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.		

TYPE OF CONSTRUCTION
<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

PIPE MATERIAL ABOVE-GROUND – Complete for Non-Residential and Multiple Residential Projects (not houses, semi-detached and townhouses)		
<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 _____	