

COWICHAN VALLEY REGIONAL DISTRICT INSPECTIONS & ENFORCEMENT DIVISION PLUMBER DECLARATION

NAME OF PLUMBING CONTRACTOR (PRINT):	PROJECT (NAME AND ADDRESS):
T.Q. NUMBER:	
PHONE NUMBER:	BUILDING PERMIT NUMBER:

This will confirm that I have personally completed the plumbing installation at the above-described premises and declare:

- 1. That I am registered as a Plumber with a British Columbia Trades Qualification Certificate.
- 2. That I have installed the plumbing and conducted all the required tests in accordance with the current BC Plumbing Code.
- 3. That I have reviewed and followed the building plans accompanying the building permit described herein.

 Plumbing Underslab
 Water Connection

 Plumbing Rough-in
 Sanitary Sewer Connection

 Sprinkler System – Irrigation System
 Storm Drain Connection

 CSA Approved 4.8 litre toilets have been installed
 Water Hammer Arrestors (at dishwasher, clothes washer & fridge)

 Signature:
 Date:

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