



SQUAMISH

District of Squamish
37955 2nd Avenue, PO Box 310
Squamish, BC V8B 0A3
604.815.5002 www.squamish.ca

Plumber's Declaration

QUALIFIED PLUMBER'S DETAILS:

Full Name: _____

Plumbing Company Name: _____

District of Squamish Business Licence No.: _____

Mailing Address – Street No. & Name: _____

City: _____ Province: _____ Postal Code: _____

Business Ph: _____ Cell Ph: _____

Trades' Qualification No.: _____

PROJECT DETAILS:

Civic Address of Project Site: _____

Property Owner's Full Name: _____

Property Owner's Business Ph: _____ Cell Ph: _____

Building Permit No.: _____ Development Permit No.: _____

I declare that I am a qualified plumber, and that the work has been completed by a plumber qualified in BC or an apprentice indentured with the plumbing company mentioned above. Furthermore, materials used at the abovementioned site, where I am/we are the Plumbing Contractor, will be in accordance with the current B.C. Plumbing Code.

Signature of Qualified Plumber

DD / MM / YYYY
Date