



City of Kingston Plumbing Data Form

This form must be completed by the Permit Applicant and accompany a Permit Application Form

For use by City of Kingston	
Application number:	Date received:

A. Project Information				
Building number, street name			Unit number	Lot/con.
Municipality		Postal code	M-Plan/ R-Plan Number	

B. Specify Building Type		C. Building Drains / Sewers		
Residential: <input type="checkbox"/> Dwelling Unit (New/Add) <input type="checkbox"/> Dwelling Unit (Alter) <input type="checkbox"/> Apartment Building	Non-Residential: <input type="checkbox"/> Indust./Comm. (New) <input type="checkbox"/> Indust./Comm. (Alter) <input type="checkbox"/> Institutional	Water (Dom) <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Private (Well)	Water (Fire) <input type="checkbox"/> Municipal <input type="checkbox"/> Private	Sewage <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewers <input type="checkbox"/> Private (Septic)

D. Fixtures				E. Site Services Drains / Sewers [Specify length in metres]							
<i>Specify Number of New or Relocated Fixtures only</i>	Number of Fixtures			Diameter (mm)	100	150	200	250	300	>300	
	Below Grade	Above Grade	Total	Building Sanitary Sewer							
Bar Sinks				Building Sanitary Drain							
Bathtubs				Building Storm Sewer							
Showers				Building Storm Drain							
Bidets				Where applicable, specify number of:							
Wash Basins (Lavatories)				Area Drains							
Sinks (Kitchen, Service)				Catch Basins							
Dishwashers				Manholes							
Laundry Tubs				Intake Structures							
Clothes Washer				Outfall Structures							
Water Closets				F. Water Service							
Hot Water Tanks				Combined Water Service:		mm (Diameter),		m (Length)			
Floor Drains				Domestic Water Main:		mm (Diameter),		m (Length)			
Test Backflow Preventer				Fire Service Main:		mm (Diameter),		m (Length)			
Other Backflow Preventer				Number of Fire Hydrants:							
Sump Pump				Number of Siamese Connections:							
Drinking Fountains				G. Other Appurtenances: (Specify Number of each)							
Urinals				Hydronic Heating System							
Grease/Oil Interceptor				Other (Specify):							
Indirect Drains				H. Type of Material Used on Project							
Roof Drains				<input type="checkbox"/> NonComb	Specify	Specify					
Other (Specify):				<input type="checkbox"/> Comb							

I. Applicant Signature	
<div style="border-top: 1px solid black; margin-top: 5px;"></div>	<div style="border-top: 1px solid black; margin-top: 5px;"></div>
Date	Signature of Permit Applicant