



PLUMBING INSTALLATIONS CONTRACTOR CERTIFICATION

Building Permit No. _____

Site Address: _____

**THIS FORM MUST BE SUBMITTED
TO THE FRASER VALLEY REGIONAL DISTRICT BUILDING DEPARTMENT
PRIOR TO ANY PLUMBING INSPECTIONS BEING CARRIED OUT
BY REGIONAL DISTRICT STAFF**

(Please Print Clearly)

Plumbing Contractor: _____

Plumber: _____

T.Q. No: _____

T.Q. Holder Signature: _____

Print Name: _____

Date: _____