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**BUILDING DEPARTMENT**  
**CONTRACTOR CERTIFICATION**

**PLUMBING INSTALLATIONS**

(Please print clearly)

BUILDING PERMIT NO.: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLUMBING CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

DISTRICT OF KENT BUSINESS LICENCE NO.: \_\_\_\_\_

NAME OF PLUMBER: \_\_\_\_\_

TQ NO.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
TO HOLDER

DATE: \_\_\_\_\_

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT AT THE DISTRICT OF KENT  
PRIOR TO ANY PLUMBING INSPECTIONS BEING CARRIED OUT BY THE DISTRICT OF KENT BUILDING INSPECTOR