



PER - 3227

Department of Planning, Engineering and
Regulatory Services

PLUMBER CONTRACTOR'S LICENSE APPLICATION

Contact Information (to be completed by the applicant)

SECTION 1

Company Name _____ Email _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Telephone (Daytime) _____ (Fax) _____

Civic Address – Same as Mailing Address Yes No

If no, please provide civic address for this company _____

If the company civic address is located within the City of St. John's, it must be an approved occupancy. If this civic address is not an approved occupancy for a home office, please complete the attached [PER-3003-Building/Development Application](#)

Applicant Information

SECTION 2

1. Is this a renewal of a previous license?
Yes No If yes, please state license # _____
2. Name of Journeyman Plumber with Inter-Provincial Red Seal qualification who will perform and/or supervise the plumber work for this Plumbing contractor. _____
3. What is the Inter-Provincial Red Seal number of the Journeyman Plumber listed above? (*Section 2 – Item 1*) _____
4. Provide confirmation that this Journeyman Plumber has at least two years' working experience as a Journeyman Plumber. This can be done by attaching a letter from a previous employer stating that he/she has at least two years' working experience as a Journeyman Plumber. If you are unable to get a letter from a previous employer, you can complete the Two-Year Work Experience Declaration and have it notarized. (*See Page 2 – Section 5*).
5. Is the Journeyman listed above (*Section 2 – Item 1*) his/her own firm or is he/she in a partnership with any other Plumbing Company or Corporation?
Yes No If yes, please state the name of this firm/partnership _____
6. State the name and Inter-Provincial Red Seal number for any other Journeyman Plumbers working for this Contractor (required).

Privacy Notice

SECTION 3

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to the Manager of the Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Applicant Declaration

SECTION 4

The applicant agrees to comply with all the terms and conditions of this license, the St. John's Plumbing By-Law and agrees that the information contained in this application is true to the best of their knowledge, information and belief. [St. John's Plumbing By-Law](#)

Signature _____ Date (yyyy-mm-dd) _____

Please Note:

- Failure to provide the required information may result in a delay in obtaining a license. False or misleading information may result in suspension of an existing license or refusal to issue another license.
- [The application fee](#) must be paid prior to the issuance of the license.

Attachments

SECTION 5

The following must accompany this application:

1. [PER-3217 Plumbing Journeyman's License Application](#) for Journeyman listed in Items 1 & 5 of Section 2 above.
2. Confirmation of work experience as noted in Item 3 of Section 2 above.
3. [PER-3003-Building/Development Application](#) if Civic address of Company in Section 1 above is within the City of St. John's

This is to confirm that I have at least two years' working experience as a Journeyman Plumber.

Signature: _____ Date: _____
 (Signature of Journeyman Plumber)

Full Name: _____

Witness:

Signed before me, _____
 (Full Name of Witness)

This _____ at _____
 (Date) (Name of Location)

Signature: _____



Please send completed form to:

Access St. John's, City Hall
 10 New Gower Street
 PO Box 908
 St. John's NL A1C 5M

Email: service@stjohns.ca
 Fax: 709-576-7688
 Call: 311 or 709-754-2489