

**SCHEDULE 6**  
**Plumbing Information**

Owner Name:	Address of Proposed Work:
Owner Phone:	Municipality: <i>Township of Ashfield-Colborne-Wawanosh</i>
<b>Plumber:</b>	<b>Plumber Phone:</b>

Please list the number of fixtures per floor on the following chart. (new or relocated)

FLOOR	Basement	1	2	3	Total Number
Toilet					
Bathtub					
Bathroom Sink					
Kitchen Sink					
Laundry Tub					
Floor Drain					
Shower					
Urinal / Bidet					
Washing Machine					
Dishwasher					
Prep Sink					
2-3 Compost Sink					
Slop Sink					
Sewer Injector					
<b>TOTAL</b>					

**Use for fixtures not listed above:**

4" Trap					
3" Trap					
2" Trap					
1-1/2" Trap					
Interceptors					
<b>TOTAL</b>					

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Signature

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Date