

UTILITY LINE ASSIGNMENT PERMIT APPLICATION FORM

Date: _____ Project File Number: _____

Utility Company: _____ Contact Name: _____

Address: _____ Phone: _____

Email (By providing your email address, you are consenting to receive electronic notifications and communications.): _____

Location of work proposed: _____

Infrastructure affected: ☐ Road ☐ Walk ☐ Curb and Gutter
☐ Lane ☐ Blvd ☐ Other

Drawing for construction submitted?: ☐ Yes ☐ No Drawing # _____

Installation:

Alignment/Off Set: _____ Length: _____ Depth: _____

Pipe Size: _____ Joint Use: _____

Type of Installation: ☐ Aerial ☐ Open Cut ☐ Directional Boring ☐ Other

Backfill Method (if applicable): _____

Utility Installation/Backfill by: ☐ Contractor ☐ Town

Surface Restoration by: ☐ Contractor ☐ Town

Anticipated Construction Start Date: _____ Duration: _____

Part of Town-Initiated Project: ☐ Yes ☐ No

Program/Project: _____ Town Contract: _____

Comments and/or other information:

The application must notify the Town of Whitecourt to inspect the site before the backfill, and after restoration work is complete.

Applicant's Signature: _____

Infrastructure Services Department approval: _____ Date: _____