

SITE SERVICING PERMIT - FEES

Application Date: _____ 20_____

Business License #: _____

Location: _____ **Project:** _____
Applicant: _____ **Phone:** _____
Address: _____ **Postal Code:** _____ **Email:** _____
NOTE: Applications shall be reviewed by the Development Supervisor prior to issuance.
Contractor: _____ **Phone:** _____
Address: _____ **Postal Code:** _____ **Email:** _____

TYPE OF CONSTRUCTION: **COMMERCIAL** **INSTITUTIONAL**
 MULTI-FAMILY **OTHER** _____

PERMIT REVIEW (TO BE COMPLETED BY CITY INSPECTOR)		SITE SERVICES (QUANTITIES TO BE COMPLETED BY APPLICANT)		
	Date		#	(FOR OFFICE USE ONLY)
<input type="checkbox"/> Work Plan	-----	Hydrant(s)		
<input type="checkbox"/> Contingency Plan	-----	Water Service (m)		
<input type="checkbox"/> On Street Construction Permit	-----	Storm Catch Basin(s)		
<input type="checkbox"/> Engineering Inspector		Storm Manhole(s)		
<input type="checkbox"/> Public Works		Storm Sewer (m)		
<input type="checkbox"/> Development Supervisor		Sanitary Manhole(s)		
		Sanitary Sewer (m)		
		Residential Service(s)		
Acceptance:		Sub Total	-----	

FEES DUE: (FOR OFFICE USE ONLY)		METHOD OF PAYMENT:	<u>Collection and use of personal information</u> <i>The information on this form is collected by the City of St. Albert for the purpose of processing permit applications. The use, retention and/or disclosure of such information shall be in strict compliance with the Freedom of Information and Protection of Privacy Act (and any other legislation governing the use and disclosure of information).</i>
Site Services Fees:	\$		
TOTAL FEES	\$		
		<input type="checkbox"/> Credit Card on File <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> Call for Payment <input type="checkbox"/> Other	
<input type="checkbox"/> Please contact me on the fee total prior to charging my credit card.			

PERMITS MUST BE OBTAINED PRIOR TO COMMENCING WORK
 RESPONSIBILITY OF THE CONTRACTOR
 Neither the granting of a permit, nor the approval of plans and specifications, nor inspections by an Engineering Inspector shall in any way relieve the owner from full responsibility for carrying out the work in strict accordance with the City of St. Albert Municipal Engineering Standards.

Inspection Requests – SITE SERVICES
 Contact Engineering Services
 to request inspections prior to covering the work.

 Phone: 780-459-1654

CREDIT CARD AUTHORIZATION

To: Planning & Engineering
The City of St. Albert
5 St. Anne Street
St. Albert, AB T8N 3Z9

Phone: 780-459-1654

This is to authorize the City of St. Albert, Planning and Engineering, to charge my credit card for application and permit fees.

Payment Method: VISA / M/C / AMEX

Name of Cardholder: _____

Credit Card #: _____

Expiry Date: _____