



Access to City Property Permit

Project Address: _____ Plan: _____ Block: _____ Lot: _____ Locate Ticket #: _____

Applicant Information:

Name: _____ Contact Person: _____
Address: _____ City: _____ Prov: _____
Postal Code: _____ Phone: _____ Email: _____
Field Contact Name: _____ Field Contact Cell: _____

Contractor Information: Same As Applicant

Name: _____ Contact Person: _____
Address: _____ City: _____ Prov: _____
Postal Code: _____ Phone: _____ Email: _____
Field Contact Name: _____ Field Contact Cell: _____

Proposed Construction / Project: _____

Description of Work (include depth if applicable): _____

Project Start Date: _____ Estimated Completion Date: _____

Conditions:

1. All work is to meet the City of Wetaskiwin Design Standards.
2. Failure to have work inspected on City infrastructure will result in the removal of backfill material at the cost of the applicant. This to allow the City access to inspect the work completed.
3. A two-year warranty is to be given to any work and/or repair on City infrastructure beginning on the date of completion.
4. Traffic control as detailed in the manual for uniform traffic control devices for Canada, latest edition, must be provided by the applicant.
5. All material and equipment used for traffic control must be maintained in good condition at all times.
6. Applicant to include any traffic accommodation plans if required.
7. Occupational Health and Safety standards must be met at all times.
8. Inspections are mandatory for all utilities and any joints and/or connections exposed.
Note: Inspections outside of normal working hours (8:30 AM to 4:30 PM, Mon thru Fri) will be subject to a fee of \$50.00.
9. Applicant shall arrange for Alberta 1 Call Services.
10. Contact Utilities at 780-361-4436 for all locates on water, wastewater and storm water lines.

I, _____, acknowledge that I have received, read, and understand all of the above, and I further acknowledge my commitment to the conditions stated in this form.

Applicant Signature: _____ **Application Date:** _____

OFFICE USE ONLY:

Roll #: _____ Date Received: _____ Date Approved: _____

Approved by: Name: _____ Signature: _____

Send Notification To:

- Bylaw Utilities Transit Fire/Ambulance Transportation Parks Communication