



Water & Sewer Connection

Date of Application: _____ Building Permit Number: _____

Land Owner Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 _____ Postal Code: _____ Email Address: _____

Connection Installer's Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 _____ Postal Code: _____ Email Address: _____

Project Location:

Municipal Address: _____ Lot _____ Block _____ Plan _____

Project Information: (Please be sure to check one of each)

Type of work: Water & Sewer Connection

Quick Trench: Yes –If yes, be sure you are enrolled to the City of Chestermere's Quick Trench Program* No

*To find out more information about our Quick Trench Program, please contact our office at 403-207-7075.

**The Permit Holder hereby certifies that this installation will be completed in accordance with the 2015 National Plumbing Code and shall commence within 90 days. The permit will expire in one year.

** The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."

Note: THIS FORM IS TO BE SIGNED BY WHOEVER IS COMPLETING THE INSTALLATION.

Company Name: _____ Signature: _____
 Mailing Address: _____ Applicant Name: _____
 Postal Code: _____ Phone No.: _____
 Email: _____ Extension No.: _____

Validation: (To be completed by reviewing officer.)

Permit Validation Section (To be completed by SCO or Issuing Officer)

Payment Method: Cash Debit Cheque Invoice Credit Card

Permit Fee: _____ Other Fee: _____ SCC Fee: _____ Total Fee: _____

Reviewing Officer's Name: _____

Reviewing Officer's Signature: _____

FOIP Notification: The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050. **All Safety Codes Inspection Requests must be sent to inspections@chestermere.ca . To find out the updated schedule of inspection, please go to our website at www.chestermere.ca. A minimum of 48 hours notice is required at all times. Please note that schedule may change without notice.**