



SERVICE CONNECTION PERMIT

Each municipal address requires one application form completed.

Service Connection Permit No:

SC _____
Public Works Issues Upon Approval

Complete this form and submit to Beaumont Public Works for approval. Permit application must be submitted a minimum of five (5) business days before the Contractor intends to begin installation. This allows time to review and approve permit, and to book inspection. Applicant must review the **Service Connection Inspections Guidelines** posted on www.beaumont.ab.ca/579 as part of this permit request.

Contractor's information: (Please note form to be completed by contractor completing the work)

| | | | |
|----------------------------------|----------------|------------|--------|
| Contractor's Information: | First Name: | Last Name: | |
| Company Name: | | | |
| Mailing Address | Town/ | Province: | Postal |
| Street: | City: | | Code: |
| Email Address: | Contact Phone: | | |

Address of Installation and Applicant's Inspection Request:

| | |
|-------------------------------|----------------------------------|
| Project Name: (if applicable) | Beaumont Building Permit Number: |
| Address: | Lot: Block: Plan: |

Requested Option for Inspection (select one):

City inspection requested OR **Quick-Trench contractor inspection**

Applicant's Authorization and Electronic Signature:

1. I am the owner/agent with the consent and authority of the owner that is the subject matter of this permit application.
2. I hereby give my consent to allow any authorized person pursuant to the Municipal Government Act Section 542(1) the right to enter the land and/or building(s) with respect to this application only.
3. I declare that the information contained in this application is correct and true to the best of my knowledge.
4. I declare that I have reviewed the Service Connection Inspections and Guidelines; and will have property ready for inspection.
5. I consent to receiving notifications & correspondence regarding this application via email to the address provided on this application.
6. I acknowledge fees may be charged for missed appointments, or if cancelled or changed with inadequate notice.

Electronic Signature Agreement:

Electronic Signature: (Enter your name below)

By checking the "I agree" box below, you agree and acknowledge that:
 1) your application will not be signed in the sense of a traditional paper document;
 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and
 3) you may still be required to provide a traditional signature at a later date.

Date: (dd-mmm-yy)

I Agree

Email completed form to WaterandWastewater@beaumont.ab.ca

Permit Approval Section to be completed by Beaumont Public Works

| | | | | | |
|--|--|---|-----|----|---------------------|
| Approval Date:(dd-mmm-yy) | | Service Connection Permit Approved: | Yes | No | Notified Contractor |
| Work must be started before: (90 days from approval date) | | Quick-Trench Approved: | Yes | No | Notified Contractor |
| Permit Expires: (120 days from approval date) | | Public Works Reviewing Operator's Name: | | | |

This permit will be valid for both Water & Sewer Inspection and Storm Inspection.

City Inspection

| | | | | | |
|-------------------------------------|-----------|-----------|--|-------|-------------------------------|
| Water & Sewer Inspection | Completed | Operator: | | Date: | Notified Building Inspections |
| Storm Inspection | Completed | Operator: | | Date: | Notified Building Inspections |

Quick-Trench Inspection Submission Review (Public Works to complete below once contractor self-inspection received)

Quick-Trench Submission Review: Water & Sewer Inspection

| | | | | |
|------------------|--|-----------------|--|-------------------------------|
| Inspection Date: | | Results: | Satisfactory | Notified Building Inspections |
| Operator: | | | Unsatisfactory (remedial action required as noted) | Notified Contractor |
| Comments: | | | | |

Quick-Trench Submission Review: Storm Inspection

| | | | | |
|------------------|--|-----------------|--|-------------------------------|
| Inspection Date: | | Results: | Satisfactory | Notified Building Inspections |
| Operator: | | | Unsatisfactory (remedial action required as noted) | Notified Contractor |
| Comments: | | | | |

The personal information requested on this form is being collected under the authority Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of processing your application for municipal services. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.

Applicant to complete this portion

City of Beaumont to complete this portion