



Work Order Application

10001 - 84th Avenue, Clairmont, AB T0H 0W0
 Phone: 780.513.3950 Fax: 780.539.7686
 www.countygp.ab.ca

WO Number: **PRWOR** Roll Number: _____

Application Date: _____ Other Planning File Number: _____
 Work Order Type: Owner Contractor

Landowner: _____
 Mailing Address: _____
 City: _____ Province: _____
 Postal Code: _____ Phone: _____
 Fax: _____ E-mail: _____

Contractor Name: _____
 Mailing Address: _____
 City: _____ Province: _____
 Postal Code: _____ Phone: _____
 Fax: _____ E-mail: _____
 Certified Individual: _____
 Certification Number: _____

Legal: Lot: _____ Block: _____ Plan: _____
 Part of: _____ 1/4 Sec: _____ Twp: _____ Rng: _____ W6M
 Civic/Rural Address: _____
 Subdivision Name: _____

Description/Purpose of Inspection: _____

 Applicant Name (Please Print) Applicant Signature

Application Fee:	
	Work Order Fee: _____
	GST: _____
	Total Fee: _____
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order <input type="checkbox"/> Invoice