



# Work Order Application

10001 - 84th Avenue, Clairmont, AB T8X 5B2  
Phone: 780.513.3950 Fax: 780.539.7686  
plan@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 \_\_\_\_\_

<b>Application Fee:</b>	
<b>Work Order Fee:</b> _____	<b>CR98</b>
<b>GST:</b> _____	
<b>Total Fee:</b> _____	
<b>Payment Method:</b> <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	