



Town of Innisfail
 4943 – 53 Street
 Innisfail, AB T4G 1A1
 Phone: (403) 227-3376 Fax: (403) 227-4045
 Email: townhall@innisfail.ca

EXCAVATION/HOARDING PERMIT APPLICATION

Date: _____ Application #: _____ Roll File #: _____

Municipal Address: _____

Legal Description: Lot _____ Block _____ Plan _____

Proposed Date of Excavation: _____ Proposed Completion Date: _____

Town of Innisfail requires 48 hours notice for initial and final inspection.

Registered Owner of Land:

Name / Company: _____ Contact Person: _____

Mailing Address: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

Email Address: _____

Contractor:

Company: _____ Contact Person: _____

Mailing Address: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

Email Address: _____ Business License # _____

An inspection is required once work is completed. Contact the Operations Department at 403-227-3376 to arrange for an inspection. Inspections are conducted between 8:30 am and 3:30 pm Monday to Friday.

Type of Installation: _____

- (1) Pavement (2) Gravel (3) Seeded Area (4) Concrete (5) Other

Applicants are required to check with the utility companies and the Town prior to excavation to ensure no conflicts with existing infrastructure. It is the responsibility of the Contractor to contact Alberta Once Call.

NOTE: A Traffic Accommodation Strategy and a Detailed Work Site and Location Plan which includes: proposed signage, barricades, fencing, cones etc. will need to be attached to this application and approved prior to commencing work.

| | | |
|--|--|--------------------------------------------------------------------------------------------|
| | | <p>Applicant: _____ Print Name</p> <p>_____ Signature</p> |
|--|--|--------------------------------------------------------------------------------------------|

(Reference Excavation Permit Policy 99-003)



EXCAVATION/HOARDING PERMIT INSPECTION

INITIAL INSPECTION

Date: _____

Application #: _____

Deficiencies: _____

Approved: YES / NO

Inspected by (Print Name): _____

Inspector's Signature: _____

FINAL INSPECTION IF REQUIRED

Date: _____

Approved: YES / NO

Inspected by (Print Name): _____

Inspector's Signature: _____