

Description

A Disconnect Permit is required for disconnection of utility services.

IMPORTANT NOTICE: This application does not permit you to disconnect utilities until such time a permit has been issued by the inspection authority

Submission Information

Please submit completed applications to inspections@cityofgp.com or to the address below:

City Service Centre
9505 – 112th Street,
Grande Prairie, AB T8V 6H8

Questions

If you have questions about the application form or the application process, please contact **780-538-0421** or inspections@cityofgp.com.

FOIP Act Policy

This information is being collected under the authority of the City of Grande Prairie Building Bylaw and will be used to process the application. This information may be used to provide statistical data. The information is protected by the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of information please contact the City of Grande Prairie FOIP Coordinator at **780-538-0300**.

Clear Form

Print Form

All applications not submitted electronically must be completed in ink. Pencil will not be accepted.

Proposed Location and Owner on Title

Municipal Address

Legal Description

Lot:

Block:

Plan:

Name

Phone

Address

Email

Applicant (If different)

Name

Phone

Address

Email

Contractor Information (If different)

Name

Business License #

Phone

Site Contact

Address

Email

Asbestos (If applicable)

To be signed by the owner of the building or their agent.

I, _____ declare that all the asbestos in the building to be demolished has been removed in accordance with regulations made pursuant to the Occupational Health and Safety Act.

Type

What was the former intended use of the building being disconnected?

Clear Form

Print Form

Utilities (Signatures Required for ALL Utilities)

Atco Gas 780-539-2400 or tim.boutillier@atco.com

Atco Electric 780-538-7028 or grandeprairieservice@atco.com

I, (print name) _____, hereby declare I am I represent the owner of the property on which the work identified in this application will be conducted in accordance to the plans submitted, and upon approval will adhere to the conditions / terms of the Building Bylaw. I / we will notify the Inspection Authority of any proposed changes to the plans submitted with this application.

NOTE: By typing your name into the signature box below (or by signing a printed version of this application), you agree that all information submitted on this declaration is true and accurate.

Signature of Registered
Owner / Agent

Date of Application

Office Use (Fees)

Date Paid

Receipt #

Payment

Cash

Cheque

Debit

Credit

Demolition Fee

Safety Codes Fee

Permit Issuer Name

Permit Issuer Signature

Designation #

Date Issued

Permit #