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PERMIT EXTENSION REQUEST FORM

	Fax: (780) 963-0935 Email: planning@stonyplain.com		TAX ROLL #				LAND USE DISTRICT				
TYPE OF PERMIT:		Gas			☐ Electrical			☐ Plumbing / Private Sewage			
PERMIT #:		CURRENT EXPIRY DA	1	REC			QUESTED EXPIRY DATE:				
PROPERTY INFORMATION (The following information is required)											
MUNICIPAL ADDRESS:				PL	PLAN:		BLO	BLOCK:		LOT:	
LONG LEGAL (if applicable):											
APPLICANT:			CONTACT NAME:								
ADDRESS:											
CITY:				PROV:					P/C:		
EMAIL:				PH	PHONE:			CELL:		FAX:	
REASON FOR EXTENSION REQUEST:											
DATE:	NAME:			SIGNATURE:					:		
For office use only											
FEE:	RECEIPT: PA			PAYMENT	MENT METHOD CASH DEBIT CHEQUE VISA MC						
PERMIT EXTENSION: APPROVED REFUSED NEW EXPIRY DATE (to be completed by SCO):											
DATE:	PATE: SAFETY CODES OF				FICER:						
DESIGNATION#: SIGNATURE:											
Privacy Disclosure: This pe Information and Protection provided will be protected i information, please contact	of Privacy (in accordan	(FOIP) Act and will ce with Part 2 of th	be used t ne Act. If y	o collect inf ou have an	formation	regarding P	ermit	Extension Re	equest. The	personal information	