



Please return forms to:
City of Beaumont / Engineering Services
Phone: 780-929-4318

Email: permits@beaumont.ab.ca

Utility Line Application - 2026

This form must be completed in its entirety with all impacted shown. Applications must be submitted 15 business days in advance. Sketches/Plans of the proposed installation must be included with this application.

**All Applications require payment of Application Fee \$ 200.00 + GST **
Application Extension Fee \$ 100.00 + GST**

As per City of Beaumont Bylaw # 1093-25

A "COB Receipt of Payment" must be included with this application.

Fees can be paid at **City Hall Reception Counter at 5600 49 St, Beaumont**

or with a credit card via phone, contact 780.929.8782 ext 0

Hours: Monday to Friday 8:30am – 12:00pm and 1:00pm – 4:30pm (except Holidays)

YOUR FILE #	APPLICATION # (CITY USE ONLY)	
SECTION 1 – COMPANY INFORMATION		
Project Name/Subdivision:	Project Address:	
Company Name:		
Applicant Name:	Applicant Phone:	
Mailing Address:		
City:	Province:	Postal Code:
Email Address:		
SECTION 2 – PROJECT INFORMATION		
Contractor: (if different from Applicant)		
Field Contact (24 Hour Emergency):	Phone Number:	
Email Address:	Cell Number:	
SECTION 3 - UTILITY LINE APPLICATION DETAILS		
Type of Installation:		
<input type="checkbox"/> Aerial <input type="checkbox"/> Direct Buried (Open Cut) <input type="checkbox"/> Directional Bore <input type="checkbox"/> Other Method _____		
Proposed Start Date:	Proposed End Date:	
Location from:	Location To:	
Infrastructure Affected:		
<input type="checkbox"/> Road <input type="checkbox"/> Sidewalk <input type="checkbox"/> Curb & Gutter <input type="checkbox"/> Lane <input type="checkbox"/> Blvd Landscaping <input type="checkbox"/> Other _____		

Construction Summary (provide description of work, off-sets, length, depth, all impacts to City infrastructure, etc):

Backfill and Surface Restoration Information:

Comments (Additional):

SECTION 4 - AUTHORIZATION

I certify that the information given on this form is true and complete to the best of my knowledge and acknowledge my authorization of the information to be used for the purposes identified below.

Signature:

Date:

The personal information collected is authorized under Section 4(c) of the Protection of Privacy Act and is managed in accordance with the Act. It will be used to process your application and for administrative purposes directly related to the program or service for which you are applying. If you have questions about the collection or use of your personal information, please contact the Privacy Officer at 780-929-8782

Approving Signature (City Use Only):

Approval Date (City Use Only):

**** If your project requires Partial or Full Closure of a Sidewalk or Roadway, a Road/Sidewalk Closure Permit Application will be required to be completed and submitted.**