



City of Lacombe
 5432 – 56 Avenue
 Lacombe, AB T4L 1E9

P: 403-782-1264
 F: 403-782-5655
 E: serviceinstall@lacombe.ca

Application for Water and Wastewater Servicing

Date of Application		Development Permit #	
INSTALLATION ADDRESS			
		Lacombe, AB	Postal Code
<i>Unit #, Street #, Street</i>			
APPLICANT INFORMATION			
Applicant Name			
Mailing Address			
Email Address			
Phone Number		Cell Number	
OWNER INFORMATION	<input type="checkbox"/> Same as Applicant		
Premise Owned By			
Mailing Address			
Email Address			
Phone Number		Cell Number	
APPLICATION DETAILS			
1. Type of Structure being Serviced (select one)			
<input type="checkbox"/> Commercial		<input type="checkbox"/> Apartment Building	
<input type="checkbox"/> Condominium		<input type="checkbox"/> Detached dwelling	
<input type="checkbox"/> Duplex		<input type="checkbox"/> Semi-detached dwelling	
<input type="checkbox"/> Multi-attached house (triplex, 4-plex, row housing)		<input type="checkbox"/> Manufactured or Mobile home	
2. Water Service Line Size (select one)			
<input type="checkbox"/> ¾"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1.5"	<input type="checkbox"/> 2" # of Services Requested
3. Water Meter Size (select one)			
<input type="checkbox"/> ¾"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1.5"	<input type="checkbox"/> 2" # of Meters Requested
4. Sanitary Sewer Service Size (select one)			
<input type="checkbox"/> 4"		<input type="checkbox"/> 6" # of Services Requested	
5. Storm Sewer Service Size (select one)			
<input type="checkbox"/> 4"		<input type="checkbox"/> 6" # of Services Requested	



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6. For service sizes larger than listed above, explain below

7. City Installation: Yes / No If no, see below for 3rd Party Contractors

CITY QUALIFIED 3RD PARTY CONTRACTORS

There is a \$50.00 administration charge.

- | | |
|---|---|
| <input type="checkbox"/> Northside Construction | <input type="checkbox"/> Grayson Excavating |
| <input type="checkbox"/> Pidherneys Excavating | <input type="checkbox"/> CBO Earthworks |
| <input type="checkbox"/> Thompson Ditching | |

8. Servicing Scenario (select one), see additional pages for details

- | | |
|--|---|
| <input type="checkbox"/> Single Family/Simple Connection | <input type="checkbox"/> Single Service – Row Housing |
| <input type="checkbox"/> Common Service – Duplex | <input type="checkbox"/> Single Service – 4-Plex |
| <input type="checkbox"/> Single Service – Duplex | <input type="checkbox"/> Other, submit drawing for review |
| <input type="checkbox"/> Common Service – Row Housing | |

ACKNOWLEDGEMENT

I/we, the Applicant, acknowledge that the property Owner is aware of this application for servicing and approves of the work being completed. (Please initial)

Applicant's Signature

Please email completed form to serviceinstall@lacombe.ca

FOR OFFICE USE ONLY				
Form Received by		Date		
<i>APPROVALS</i>				
Manager of Utilities		Date		
Manager of Engineering Services or <input type="checkbox"/> N/A		Date		
Planning and Development		Date		
<i>PAYMENT</i>				
Amount Due \$		Date Paid		Receipt #