



Work Order Application

9921-100 Street, Box 420, Sexsmith, AB T0H 3C0

Phone: 780.556-0215 Fax: 780.568-2200

www.sexsmith.ca/assistcao@sexsmith.ca

WO Number: **PRWOR**

Roll Number: _____

Application Date: _____ Other Planning File Number: _____

Work Order Type: ☐ Owner ☐ Contractor

Landowner: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Fax: _____ E-mail: _____

Contractor Name: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Fax: _____ E-mail: _____

Certified Individual: _____

Certification Number: _____

Legal: _____ Lot: _____ Block: _____ Plan: _____

Part of: _____ 1/4 Sec: _____ Twp: _____ Rng: _____ W6M

Civic/Rural Address: _____

Subdivision Name: _____

Description/Purpose _____

of Inspection: _____

Applicant Name (Please Print)

Applicant Signature

Application Fee:

Work Order Fee: _____

GST: _____

Total Fee: _____

Payment Method: ☐ Cash ☐ Debit ☐ Cheq ☐ Money Order ☐ Invoice