**Crossing Application** 23262 Township Road 540

 Fort Saskatchewan, Alberta T8L 4A2

Tel: (780) 467-8655; Fax: (780) 467-5398

Web: www.acrwc.ab.ca

**Crossing Information Report**

The completion of this form is required to all applicants who have the intention to cross the properties, right-of-ways, sewers, and other infrastructures owned by Alberta Capital Region Wastewater Commission (ACRWC).

The Crossing Application Form is applicable for the crossings of pipes, cables, wires, temporary roads, trails, temporary earth work, site re-grading, and hydrovac operation.

If you have any questions regarding the form, please call 780 467 8655

**How to Submit the Application:**

Complete the Application and email it, along with any attachments, to info@acrwc.ab.ca

**How to Fill in the Application Form:**

* Provide all applicable information and attachments as required
* If you do not have an answer for the requested information, indicate so and explain why.
* Indicate “N/A” if a section does not apply to your application
* Use additional pages, if necessary.
* Please print clearly if filling out the form in that manner
* Please indicate what material has been attached to ensure that the ACRWC is aware of all the information provided.

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| **Crossing Information Report**  |
| 1  | **Requesting Company Name:**  |
| 2  | **Contact Information** Contact Person & Title: Company Name: Business Mailing Address:

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| Town or City:  | Postal Code:  |

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| Telephone:  | Fax:  | Email:  |

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| 3. | **Application Agency Name (if applicable):** |
| 4.  | **Contact Information of the Agency (if applicable)**Contact Person & Title: Company Name: Business Mailing Address:

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| Town or City:  | Postal Code:  |

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| Telephone:  | Fax:  | Email:  |

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| 3. | **Site Information** Crossing Location legal description: Section\_\_\_\_Twp.\_\_\_\_\_Range\_\_\_\_W4 GPS Coordinates (Latitude & Longitude): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Plan Number of the ACRWC R/W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proposed Crossing: Water line \_\_\_\_\_\_\_\_\_ Sewer \_\_\_\_\_\_\_\_ Wire \_\_\_\_\_\_\_\_\_\_\_\_ Electrical Duct \_\_\_\_\_\_\_Oil \_\_\_\_\_\_\_\_\_\_ Gas\_\_\_\_\_\_\_\_\_\_\_\_\_ Cable \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temporary Road\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle \_\_\_\_\_\_\_ Hydrovac \_\_\_\_\_\_\_Earth works and regrading\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Others \_\_\_\_\_\_\_Specify if Others is checked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5  | **Description of the proposed crossing and related works**

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| 10  | **Drawings**Provide the following drawings as attachments to this application:* Plan drawings showing the proposed infrastructures, related works, ACRWC’s infrastructures and right-of-ways, and the location of the proposed crossing
* Profile drawings showing the depth of the applicant’s infrastructures and vertical relationship to the ACRWC’s infrastructures
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| Date form completed: Name and Title of Company Representative: Signature of Authorized Company Representative:  |
| The information submitted in this form may subject to verification by the ACRWC: For ACRWC use only Date completed form received:  Date information verified/approved:  |