

Infrastructure, Planning & Development Department 4829 50 Street, Lower Level Postal Drawer 640 VEGREVILLE, ALBERTA T9C 1R7

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ENCROACHMENT AGREEMENT REQUEST FORM

Date:	Your File No:			
Applicant Name:				
Additional Names: (if applicable)				
Mailing Address:				
City:	Province	2:	Postal Code:	
When you apply, personal information may be Municipal Government Act and/of Section 63 available to the public. If you have any questie	of the Safety Codes Act. The info	rmation will be used to process your app		
WHERE IS YOUR ENCR	OACHMENT LOC	CATED?		
MUNICIPAL ADDRESS:				
LEGAL DESCRIPTION:	PLAN:		BLOCK:	LOT:
SUBMISSION DOCUMEN One (1) origina accepted accepted) A copy of title		nd Surveyor's Real Propert	y Report (faxed, emai	led or spliced copies will not be
ENCROACHMENT TYPES	AND FEES ee for encroachmer	nts is \$250		
Method of Payment (c	heck one)			
Cash:	Cheque:	Visa/MC:	Debit:	
Reciept No:				

Signature of Applicant

Date (YYYY/MM/DD)