

EXTERNAL SERVICES SHUTDOWN REQUEST

For Office Use Only
Permit #

Date: _____	Original Request: <input type="checkbox"/>
	Revised Request: <input type="checkbox"/>
Send Request To: <u>Planning & Engineering</u>	Email: permits@yyc.com
Project Name: _____	Project Number: _____
Calgary Airport Authority Contact: _____	CIP Number: _____

Company Requesting Shutdown: _____	
Name: _____	
Email: _____	
Phone: _____	
Cell: _____	
Sub-trade Performing Work: _____	
Name: _____	
Phone: _____	
Cell: _____	
Scope of Work to be Completed: 	
Is work Airside <input type="checkbox"/> Yes <input type="checkbox"/> No Distribution Center PG1	
Is work is being conducted within the jurisdiction of: <input type="checkbox"/> City of Calgary <input type="checkbox"/> MD of Rockyview	
Has the City of Calgary/Municipality been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
System Shutdown Requested:	
<input type="checkbox"/> Domestic Water Supply <input type="checkbox"/> Sanitary Sewer System <input type="checkbox"/> Storm Water Collection System <input type="checkbox"/> Airfield Electrical Lighting <input type="checkbox"/> Roadway Work – pedestrian, vehicle <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Electrical Distribution <input type="checkbox"/> Telecommunications <input type="checkbox"/> Shaw Cable <input type="checkbox"/> PLH Fuel Lines <input type="checkbox"/> ATCO Gas Line
Security Escort Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit Security Escort Form (see YYC.com) Request Submitted <input type="checkbox"/>	
Requested Date of Shutdown: <i>Maximum 1 week</i> Start: _____ End: _____	
Requested Time of Shutdown: <i>24 hour clock MUST be used</i> Start Time: _____ End Time: _____	