

# DAMAGE DEPOSIT REFUND APPLICATION



PLANNING & ECONOMIC DEVELOPMENT

2nd Floor, 10125 – 100 Ave  
Morinville, AB T8R 1L6  
T 780.939.4361

**SUBMIT TO:**  
Development@morinville.ca

Date Received  
Stamp

## NOTE:

- Please review the “Builder’s Checklist” for completion below prior to submitting your refund application.
- Once your application for refund has been reviewed, this form will be returned to you with the “Response to Applicant” area completed with your refund status.

Personal information is collected for the purpose of processing your application form and will be used to contact you regarding your application. Collection is authorized under section 4(c) of the Protection of Privacy Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your application may be inputted into an automated system to generate content to make decisions, recommendations, and predictions and may be included on reports that are available to the public as required or allowed by legislation. Your information will only be used solely for the purposes related to the Town of Morinville

## PROPERTY INFORMATION

Project Address/Location: \_\_\_\_\_ File #: \_\_\_\_\_

Legal Address: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_; or, Qtr \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Range 25 West of 4<sup>th</sup> Meridian

## APPLICANT INFORMATION (Required to Issue Refund)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (STREET) \_\_\_\_\_ (MUNICIPALITY) \_\_\_\_\_ (PROV) Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_ Contact Phone (Cell): \_\_\_\_\_

## BUILDERS CHECKLIST (Review for completion prior to requesting refund)

- Lot grading review is complete with no deficiencies that require a re-submission.
- Curb, gutter and sidewalk are visible for Morinville Public Works to inspect.
- Water valve (c.c.) is operational.

## ADMINISTRATION USE ONLY

Date: \_\_\_\_\_ Damage Deposit Amount \$\_\_\_\_\_ Refund Granted:  Yes  No

Approved By: \_\_\_\_\_ Signature: \_\_\_\_\_

## RESPONSE TO APPLICANT:

- Your refund request has been forwarded to Accounts Payable; your refund check will follow in the mail.
- There are outstanding deficiencies on your file that must be addressed prior to refund being granted: