



## APPLICATION FOR DRAINAGE CONNECTION TOWN OF VIEW ROYAL

APPLICATION NO. \_\_\_\_\_

DATE \_\_\_\_\_

Pursuant to the regulations applicable to the Storm Drain System indicated below

I, \_\_\_\_\_, being the owner or acting with the owners attached written consent, make application permission to install a Storm Drain service connection to the property indicated below.

Address \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_ District: \_\_\_\_\_ Plan: \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address: \_\_\_\_\_ Ph. \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Address: \_\_\_\_\_ Ph. \_\_\_\_\_

INTENDED USE OF PROPERTY: \_\_\_\_\_

BP# \_\_\_\_\_ (if applicable)

In consideration of the granting of this permit I agree to abide by all bylaws, rules and regulations of the Town in relation to its Storm Drain System and to pay the rates, fees, charges specified by bylaw.

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

This information is collected by the Town of View Royal under the Local Government Act and the Freedom of Information and Protection of Privacy Act and will be used for the purpose of administering requests for drainage connections. Should you have any questions about the collection of this personal information please contact the Director of Engineering, 45 View Royal Avenue, 250-479-6800, info@viewroyal.ca.

### FOR OFFICE USE ONLY

Your application to install a Storm Drain connection has been approved as detailed below.  
The refundable damage deposit for this connection is: \$\_\_\_\_\_;

The non-refundable application fee is: \$250.00

The non-refundable dye test fee is: \$100.00

**Total Permit Fee= \$350.00**

Payment Information below:

Details of Connection:

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Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Plumbing Permit Issued: Date: \_\_\_\_\_ Number: \_\_\_\_\_

Drawings received: Yes \_\_\_\_\_ No \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_

Date installation complete: \_\_\_\_\_

Security Deposit Refund of \$ \_\_\_\_\_ Approved by: \_\_\_\_\_

For Release Date: \_\_\_\_\_