



APPLICATION FOR SEWER CONNECTION TOWN OF VIEW ROYAL

APPLICATION NO. _____

DATE _____

Pursuant to the regulations applicable to the Sanitary Sewer System indicated below

I, _____, being the owner or acting with the owners attached written consent, make application permission to install a Sanitary Sewer 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)

Preferred Location of service (if not already existing) _____m NSEW of NSEW property line.

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 Sanitary Sewer System and to pay the rates, fees, charges specified by bylaw.

Date: _____ Applicants Signature: _____

FOR OFFICE USE ONLY

Your application to install a Sanitary Sewer 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:

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: _____