

ELECTRICAL UTILITY SERVICE REQUEST

Please schedule an appointment to meet with one of our Engineering Technicians to review the requirements for this application by calling 250-494-0431 or emailing works@summerland.ca

Date	Parcel Identifier	Roll No.
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Civic Address	Suite or Unit Nos. (if applicable)
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Legal Description

Lot		Block		District Lot		Plan	
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Owner Information (add additional page if more than one owner)							
Registered Owner				Mailing Address			
City/Province/Postal Code							
Daytime phone	Alternate phone	Email					

Tenant Information (if applicable)							
Name(s)							
Daytime phone	Alternate phone	E-mail					

Contractor Information (if applicable)							
Name/Company Name				Business Licence No:			
Daytime phone	Alternate phone	E-mail					

Electrician Information (if applicable)							
Name/Company Name				Business Licence No:			
Daytime phone	Alternate phone	E-mail					

Documents Provided							
Site Plan <input type="checkbox"/>	Letter of Authorization <input type="checkbox"/>	Title Search <input type="checkbox"/>	ROW/Easement Documents <input type="checkbox"/>				

Type of Development							
Single Family Dwelling <input type="checkbox"/>		Commercial <input type="checkbox"/>		Industrial <input type="checkbox"/>			
New <input type="checkbox"/>		Renovation <input type="checkbox"/>		Addition <input type="checkbox"/>			
Suite <input type="checkbox"/>		RATE CODE: Residential <input type="checkbox"/>		Commercial <input type="checkbox"/>		AUX <input type="checkbox"/>	
Electric Heating: If applicable, provide square footage _____							
Subdivision <input type="checkbox"/>		Number of Lots:		Subdivision Site Plan <input type="checkbox"/>			
District Floodplain		No <input type="checkbox"/> Yes <input type="checkbox"/>		If Yes, depth required _____			

Civic Address

Suite or Unit Nos. (if applicable)

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Requested Service

FOR OFFICE USE ONLY

Temporary Service	ELTEMP	\$
New Service	ELDEP / ELNORM	\$
Service Upgrade	ELDEP / ELNORM	\$
Distributed Generation (net metering)	ELNORM	\$
Subdivision	ELDEP	\$
Non-refundable application fee of \$100.00 applies to service requests noted above PAID <input type="checkbox"/> Date Paid:	ENON	
Disconnect at electrical meter	Date Requested	\$
Reconnect at electrical meter	Date Requested	\$
Disconnect/Reconnect at electrical meter	Date Requested	\$
Disconnect/Reconnect at pole or mast	Date Requested	\$
Remove Service	Date Requested	\$
Remove Rental Light	Date Requested	\$
Notes:	SUB-TOTAL	\$
	GST	\$
Estimate/Cost valid 6 months from _____	TOTAL	\$

FOR OFFICE USE ONLY

SRN NUMBER	DATE	PAID STAMP FOR COST/ESTIMATE
ROLL NO.		
UB ACCOUNT NO.		
METER NUMBER		
METER READING	DATE	

As the property owner or owner's agent, I/we agree to be governed by the bylaws of the District of Summerland in relation to the above requested services. **Should the actual costs of service installation exceed the above noted costs, the owner will be responsible for the balance owing.** In consideration of the granting of this permit, I/we hereby agree to release and indemnify the District of Summerland and its officers, employees, contractors, and agents, from and against all claims, demands, actions, proceedings, and liabilities whatsoever and all costs and expenses incurred in connection with and resulting from the granting of this permit. It is further agreed that I/we will pay the full cost of repairing any damage to District of Summerland works resulting from the building operations in respect of which this application is made. I have read the above agreement, release and indemnity and understand it.

Signature of Owner(s)/Agent: _____ Date: _____

The personal information on this form is collected under the authority of the Local Government Act for the purposes of processing this application and is subject to the *Freedom of Information and Protection of Privacy Act*. Any questions regarding this collection should be directed to the Corporate Officer, District of Summerland, Box 159, Summerland, BC V0H 1Z0 or call 250-494-6451, or email corporateofficer@summerland.ca.