



9215 Cedar Ave, Box 159
Summerland BC V0H 1Z0
Tel: 250-494-0431 Fax: 250-494-3399
work@summerland.ca

WATER / SEWER 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.
------	-------------------	----------

Property Information

Civic Address		Suite or Unit Nos. (if applicable)	
Lot	Block	District Lot	Plan

Owner Information (add additional page if more than one owner)

Registered Owner		Mailing Address	
City/Province/Postal Code			
Daytime phone	Alternate phone	Email	

If you have an authorized agent representing you, please ensure you have completed an Agent Authorization form.

Contractor 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"/>
			Demand Calculations

Type of Development

New <input type="checkbox"/>	Renovation <input type="checkbox"/>	Addition <input type="checkbox"/>
Single Family Dwelling <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>
Carriage House <input type="checkbox"/>	Suite <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

Type and Size of Service

--	--	--

Property Information

Civic Address	Suite or Unit Nos. (if applicable)
---------------	------------------------------------

Requested Service

FOR OFFICE USE ONLY

New Domestic Water Service	WDEP	\$
Removal of Domestic Water Service	WDEP	\$
Change to Domestic Water Service Size from _____ to _____	WDEP	\$
Domestic Water Pit Meter Installation	WDEP	\$
Water System Modelling for Domestic <input type="checkbox"/> or Irrigation <input type="checkbox"/>	WMOD	\$
New Irrigation Service: arable acreage _____	WDEP	\$
Removal of Irrigation Service	WDEP	\$
Change to Irrigation Service Size from _____ " to _____ "	WDEP	\$
Change Arable Acreage size from _____ aa to _____ aa	WDEP	\$
New Sanitary Sewer Service	SDEP	\$
Modify Sanitary Sewer Service	SDEP	\$
Sanitary Sewer System Modelling	SMOD	\$
\$100.00 Water Service Application fee non-refundable	PAID <input type="checkbox"/>	WNON
\$100.00 Sewer Service Application fee non-refundable	PAID <input type="checkbox"/>	SNON
Removal of Seasonal Water Service	SWSD	
Notes:	SUB-TOTAL	\$
	GST	\$
Valid 90 days from _____	TOTAL	\$

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 and understood the above agreement.	PAID STAMP
--	------------

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.