



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

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|--|
| |
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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 | \$ |

| | |
|---|------------|
| <p>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.</p> | 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.