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## UTILITY SERVICE CONNECTION/DISCONNECTION APPLICATION

APPLICANT:	PHONE:
CIVIC ADDRESS:	
MAILING ADDRESS:	
LEGAL/PID:	
PURPOSE OF SERVICE: (Use of building – single family dwelling, duplex, store, church etc.)	

CONTRACTOR:	PHONE:
CONTRACTOR ADDRESS:	

**Please indicate the service(s) you are applying for:**

WATER CONNECTION		FEE
<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex (each unit)	*\$2,000.00 + tax
<input type="checkbox"/> Multi-Family or Commercial		actual cost + tax
WATER		
<input type="checkbox"/> Inspection		\$ 50.00 + tax
<input type="checkbox"/> Disconnection	<input type="checkbox"/> Meter Test Residential/Commercial	actual cost + tax
<input type="checkbox"/> Water turn on/off		\$150.00 + tax
SANITARY SEWER CONNECTION		
<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex (each unit)	*\$2,000.00 + tax
<input type="checkbox"/> Multi-Family or Commercial		actual cost + tax
SANITARY SEWER DISCONNECTION/RECONNECTION		
<input type="checkbox"/> Disconnection		actual cost + tax
<input type="checkbox"/> Reconnection		\$2,000.00 + tax

**\*Any actual cost of the connection, over the \$2,000.00 + tax, will be invoiced to the Applicant.**

### PRIVATE GROUND WATER WELLS

Do you have an existing private groundwater well?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, did you submit a Well Closure Report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, did you make Application for Permission to Use Well for Non-Domestic Purpose and provide Sworn Declaration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/We, the undersigned, being the owner of certain lands legally described above, in the Village of Harrison Hot Springs, do hereby apply for the utility service connection as indicated on this form for the said property. I/We further agree to comply with all applicable plumbing, health and safety codes and such bylaws as may be in effect, relating to these facilities and to pay all rates and charges prescribed by the bylaws of the Village of Harrison Hot Springs for this service. I/we further hereby covenant and agree to protect and save harmless the Village of Harrison Hot Springs from all claims, demands, costs and charges of whatsoever kind arising out of or in any manner incident to or caused by any stoppage or defect or other thing pertinent to the said utility connection/disconnection.

**Curbside Waste Collection:**

Please note that the residential domestic waste collection service within the Village is mandatory for single family dwelling units, duplexes and multi-family dwellings and will be charged according to the Bylaw.

**NOTE: PLEASE SUPPLY THE VILLAGE OFFICE WITH A DRAWING, SHOWING THE ACTUAL LOCATION OF THE WATER/SEWER LINE AND CONNECTION**

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>
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**OFFICE USE ONLY:**

Well Closure Report Received	<input type="checkbox"/> Yes	Date:	<input type="checkbox"/> No
Application for Permission to Use Well for Non-Domestic Purpose Received	<input type="checkbox"/> Yes	Date:	<input type="checkbox"/> No
Declaration Received	<input type="checkbox"/> Yes	Date:	<input type="checkbox"/> No

<b>Amount paid:</b>	<b>Date:</b>	<b>Receipt #:</b>
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<b>UTILITIES DEPARTMENT</b>		
<b>WATER</b>	<b>SEWER</b>	<b>STORM</b>
Connection Size:	Connection Size:	Connection Size:
Date connected/ disconnected:	Date connected/ disconnected:	Date connected/ disconnected:
Date meter installed:		
Meter number:		
Actual cost:	Actual cost:	Actual cost:
Date inspected:	Date inspected:	Date inspected:
Date re-inspected:	Date re-inspected:	Date re-inspected:
Comments:	Comments:	Comments:
Authorized Utilities Dept. Signature:	Authorized Utilities Dept. Signature:	Authorized Utilities Dept. Signature:
Date:	Date:	Date:

**REQUIRED ATTACHMENTS**

Municipal Services Record	<input type="checkbox"/> Attached	
Water Meter Tag	<input type="checkbox"/> Attached	

<b>FINANCE DEPARTMENT</b>		
<b>WATER</b>	<b>SEWER</b>	<b>WASTE COLLECTION PROGRAM</b>
Invoice #:	Invoice #:	
Date paid: receipt#:	Date paid: receipt#:	Date paid: receipt#:
Date MAIS billing begins:	Date MAIS billing begins:	Date MAIS billing begins:
Authorized Signature:	Authorized Signature:	Authorized Signature:
Date:	Date:	Date: