



Application Permit for Municipal Sewer / Water Service Connection

Building Development Services

315 King Street West P.O. Box 640 Chatham, Ontario N7M 5K8

Tel: (519) 360-1998 Fax: (519) 436-3215

For use by Principle Authority

Date Received	Roll number	Permit Number	Fee \$
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A. Project Information

Building Number, street name		Unit Number	Lot/con.
Municipality	Postal Code	Project Value est. \$	

B. Applicant

Applicant is: Owner OR Authorized agent of owner

Last Name	First Name	Drivers License #	Business License #
Street Address		Unit Number	Lot/con.
Municipality	Postal Code	Province	E-mail
Telephone Number	Fax Number	Cell Number	

C. Owner (if different than owner)

Last Name	First Name	Drivers License #	
Street Address		Unit Number	Lot/con.
Date of Birth	Postal Code	Province	E-mail
Telephone Number	Fax Number	Cell Number	

D. Installer (if applicable)

Last Name	First Name	Corporation or partnership	Business License #
Street Address		Unit Number	Lot/con.
Municipality	Postal Code	Province	E-mail
Telephone number	Fax Number	Cell Number	

E. Type of Sewer Connection

Sanitary _____ size Sanitary/Septic _____ size Storm _____ size Catch Basin Water Service Connection

F. Type of Work

New Repair

G. Declaration of applicant

The undersigned agrees that the proposed work shall be done in accordance with this application and in accordance with plans and specifications on the basis of which a permit is issued and agrees to comply with all applicable provisions of the Mandatory Sewer Connection By-law, Ontario Building Code and related agreements with the municipality and applicable to the subject lands.

I (please print) _____ certify that the statements herein contained in the said application attached plans and other documentation are true and made with a full knowledge of the circumstances connected with the same, and acknowledge that I have read the declaration and notice contained above.

Signature

Date