



USC _____

UTILITY SERVICE CONNECTION Application

APPLICANT INFORMATION

Applicant Name: _____ Company: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126

PROPERTY INFORMATION

Civic Address: _____

City: _____ Postal Code: _____

Legal Description: Lot: _____ Section: _____ Range: _____ Plan: _____

Parcel Identifier No.: _____ Folio No.: _____

UTILITY SERVICE INFORMATION

Project Name: _____

Single-Family Residential Multi-Family Residential Commercial Industrial

Details of Development

Estimated Date of Occupancy: _____

	Proposed	Existing
Commercial sq. ft.		
Number of commercial units		
Number of residential units		

DECLARATION

I (WE) HEREBY MAKE AN APPLICATION FOR UTILITY CONNECTION(S) TO THE ABOVE PROPERTY

I agree to abide by all the City of Duncan bylaws and regulations in connection with this utility service. I understand the deposit amounts above are charged at the time of application, with any excess amount being billed after the work is complete. I understand that should the work not commence within two months by my direction, or due to development approvals not yet having been completed, that increases in fees and deposit amounts may be applicable.

Registered Owner/Authorized Agent _____ Signature _____ Date _____



USC _____

UTILITY SERVICE CONNECTION
OFFICE USE

SERVICES REQUESTED

Utilities	Size of Service	Deposit Amount	CCCs (if applicable)
Sewer			
Storm Drain			
Water			

Other Services

Curb Cut			PAID STAMP
Driveway Installation/Relocation			
Pavement Replacement			
Sidewalk Replacement			
Other			
Sub Totals:			

TOTAL DUE: _____

Date Estimate Prepared: _____

Prepared By: _____

STAFF REVIEW

Water Study Completed

Water Study Not Required

DoPWDS initials: _____

Director of Public Works Final Review

Date

Original Application to Engineering Technologist

COPIES: Finance Manager (Dep. Paid) Utilities Clerk (x2) Building Inspector (C.O.D. only)