



# UTILITY SERVICE CONNECTION Application

## APPLICANT INFORMATION

Name:

Address:

City:

Postal Code:

Phone:

Cell:

Email:

## PROPERTY INFORMATION

Civic Address:

City:

Postal Code:

Legal Description: Lot:

Section:

Range:

Plan:

Parcel Identifier No.:

Folio No.:

## 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.

Applicant Signature

Date

Estimated date of occupancy:

## UTILITY SERVICE INFORMATION

Project Name:

Single-Family Residential

Multi-Family Residential

Commercial

Industrial

Details of Development:

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

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](mailto:duncan@duncan.ca) or phone: 250-746-6126.

**SERVICES REQUESTED**

Utilities	Size of Service	Deposit Amount	CCCs (if applicable)	Paid Stamp
Sewer				
Storm Drain				
Water				
<b>Other Service</b>				
Curb Cut				
Driveway Installation/Relocation				
Pavement Replacement				
Sidewalk Replacement				
Other				
<b>Sub Totals:</b>				

**TOTAL DUE:**

Date Estimate Prepared:

Prepared By:

**STAFF REVIEW**

Water Study Completed

Water Study Not Required

DoPWDS initials:

Reviewed by Building Inspector

Signature:

Date:

Reviewed by Public Works

Signature:

Date:

Date Work Completed:

Director of Public Works Signature:

Original Application to Engineering

**COPIES**

Sent to:  Accountant

Utilities Foreman

Utility Billing Clerk

Accounting Clerk

Building Inspector

Operations Manager