

## SMALL UTILITY SERVICE APPLICATION

Application Date: _____	<input type="checkbox"/> Agent / Applicant <input type="checkbox"/> Owner
<b>Utility, Type of Service and Fees</b>	
Where the applicant is not the registered owner(s), the application must be signed by the registered owner(s), or an authorized agent (complete the <b>Owner's Appointment of an Agent</b> form).	
<input type="checkbox"/> Grindrod <input type="checkbox"/> Whitevale <input type="checkbox"/> Gunter Ellison <input type="checkbox"/> Silver Star    Mabel Lake <input type="checkbox"/> Water <input type="checkbox"/> Sewer	
<input type="checkbox"/> Water / Sewer Service Application	- \$125.00
<input type="checkbox"/> Building Plan Review (excluding Silver Star)	- \$150.00 + \$10.00 per Domestic Unit or equivalent
<input type="checkbox"/> Subdivision Application	- \$300.00 + \$10.00 per Domestic Unit or equivalent
<input type="checkbox"/> Hydraulic Modeling	- \$200.00 per Modeling result
<input type="checkbox"/> Other - Specify: _____	
*Above fees are per the current <i>Regional District of North Okanagan Small Utilities Rates Imposition Bylaw and the Silver Star Water Fees Imposition Bylaw.</i>	
<b>Property Information</b>	
Legal Description: _____	
Civic Address: _____	
<b>Owner Information</b>	
Name: _____	
Company Name: _____	
Corporate Owner (if applicable): _____	
Mailing Address: _____	
Phone Number: _____	Cell Number: _____
Email: _____	
<b>Applicant Information</b>	
Name: _____	
Mailing Address: _____	
Phone Number: _____	Cell Number: _____
Email: _____	
<b>Water Service Proposal Information - Briefly Describe your Proposal</b>	

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### Coordinating Professionals - List any professionals known to date (e.g. surveyor, engineer, etc.)

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Contact Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Contact Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Owner / Applicant or Agent Confirmation

1. As applicant or approved agent, I confirm that I have read all relevant Regional District of North Okanagan Bylaws and policies and that this application is in conformance (unless a Bylaw amendment forms part of this application).
2. I accept responsibility for processing delays caused by incorrect or insufficient submission materials.
3. I understand that this application form is a public document and that any and all information contained within the application, including personal information as that term is defined in the *Freedom of Information and Protection of Privacy Act of B.C.* is open for inspection by the public and may be reproduced and distributed to the public as part of a report(s) to the Board of Directors or for purposes of a public hearing.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE

File No.: \_\_\_\_\_ Fees Submitted: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Revised: January 11, 2019