

MABEL LAKE SEWER SERVICE APPLICATION

Application Date: _____ Agent / Applicant Owner

Sewer Utility, Type of Service and Fees

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 **Owner's Appointment of an Agent** form).

- | | |
|--|---|
| <input type="checkbox"/> Sewer Service Application | - \$250.00 |
| <input type="checkbox"/> Plan Review | - \$250.00 per sheet |
| <input type="checkbox"/> Development Inquiry | - Actual Cost per inquiry (\$250.00 min. for the first three hours) |
| <input type="checkbox"/> Subdivision Application | - \$400.00 + \$10.00 per lot created |
| <input type="checkbox"/> Other - Specify: | |

*Above fees are per the current Small Utilities Rates and Regulations Bylaw.

Property Information

Legal Description: _____

Civic Address: _____

Owner Information

Name: _____

Company Name: _____

Corporate Owner (if applicable): _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Applicant Information

Name: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Sewer Service Proposal Information – Required information

Septic tank will serve: Residential No. of bedrooms: _____ Commercial

Other (specify): _____

Sewer Service Proposal Additional Information

Septic tank manufacturer: _____ Tank Material: _____

Total volume of tank (liters / gallons): _____ Proposed depth of burial (cm): _____

Are there any restrictive covenants / easements, which will affect the design or location of the septic tank?

No Yes; if yes, please explain and attach the supporting documents:

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Required for Application

Septic Tank Plan and Specifications Designed and Sealed / Signed by a Qualified Professional

Site or Layout Plan of Proposed Septic Tank Drawn to Scale (in meters)

Which includes buildings, water service, underground utilities, property boundaries, and surface water bodies (if applicable).

Sewer Service Proposal Information – Other Information (attach separate page if necessary)

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

- 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).
- I accept responsibility for processing delays caused by incorrect or insufficient submission materials.
- 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.

Signature of Owner: _____ Date: _____

Signature of Applicant: _____ Date: _____

OFFICE USE

File No.: _____ Fees Submitted: _____

Received By: _____ Receipt No.: _____

Rev: April 16, 2024