

Water
Sanitary Sewer
Storm Sewer

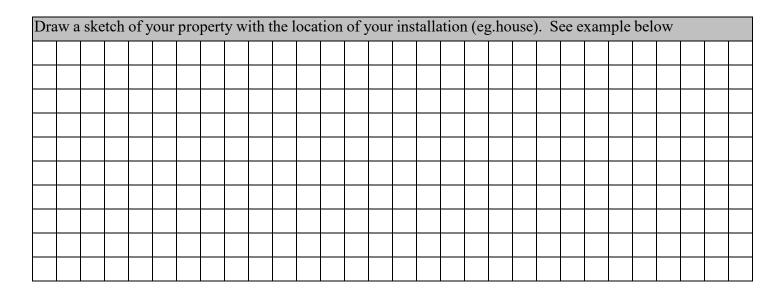
Tel.: (705)356-2251 Fax.: (705)356-7343

11 Hudson Street, Blind River, Ontario, P0R 1B0

	For use by the To		ver	
Permit Number:		Roll Number:		
		57-38-000-		
Date Received:				
Size: Price	e:	Local Improvement Cha		
			YES	□ NO
	1 '. 1 m c		0D1: 1F	
Application su	ibmitted to: The Corp	oration of the To	own of Blind F	River
A. Applicant/ Person in C	Charge Applicant i	is: Owner	☐ Authoriz	zed Agent of Owner
Name of Applicant:	and So a replacement		Home Telephone No.	
Cell No.:	Business Telephone No.:	:	Fax No.:	
Address:			[D (1	0.1
Address:			Postal	Code:
Legal Description:			<u> </u>	
	1. ()			
B. Owner (if different fro	m applicant)		lu mili v	
Name of Applicant:			Home Telephone No.	:
Cell No.:	Business Telephone No.:		Fax No.:	
Address:			Postal	Code:
I/We			, request	that the Town of
	(print name)			
Blind River install a water/	sanitary/storm servic	e at		
	J		(address)	
I/We agree to pay the Tow	n the full cost of the s	ervice prior to i	nstallation	
If we agree to pay the Tow	ii the full cost of the s	ervice prior to i	iistaiiatioii.	
Signature		Date Paid		

Fees: To be determined based on actual cost.

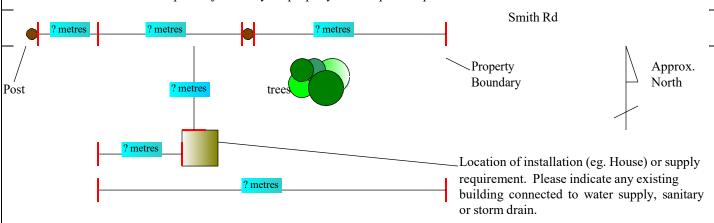
Page 1 of 2 www.blindriver.ca



Example of Sketch Details Requested The location sketch of your property should prove

The location sketch of your property should provide the details shown in the example below. The correct information will assist the Town of Blind River to locate your property within the existing water distribution, sanitary or storm drain system.

Nearest pole adjacent to your property. Please provide pole numbers - see note below.



Applicant Signature	Date Paid
Approval Date	Director of Public Services
Approval Date	CAO/Clerk
Approval Date	Water Department/Treasurer
Installation Date	Town Foreman

PrintForm