



Municipal Service Installation

- Water
- Sanitary Sewer
- Storm Sewer

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

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

For use by the Town of Blind River			
Permit Number:	Roll Number: <div style="text-align: center; font-size: 1.2em;">57-38-000-</div>		
Date Received:			
Size:	Price:	Local Improvement Charge: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Application submitted to: The Corporation of the Town of Blind River

A. Applicant/ Person in Charge Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent of Owner			
Name of Applicant:		Home Telephone No.:	
Cell No.:	Business Telephone No.:	Fax No.:	
Address:			Postal Code:
Legal Description:			

B. Owner (if different from applicant)			
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 service at .
(address)

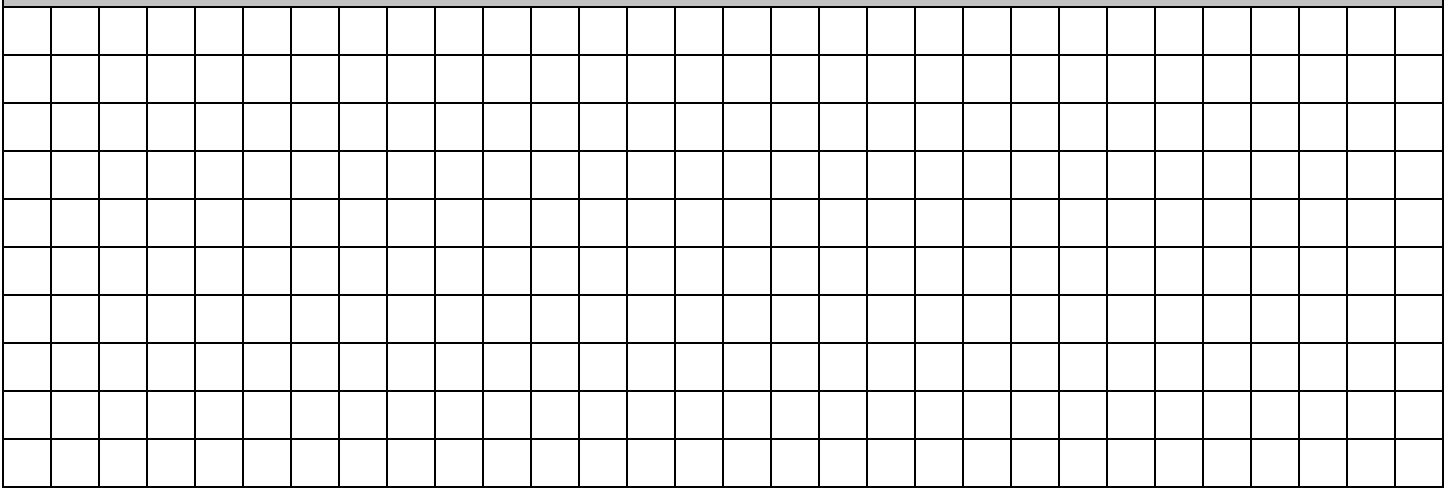
I/We agree to pay the Town the full cost of the service prior to installation.

Signature

Date Paid

Fees: To be determined based on actual cost.

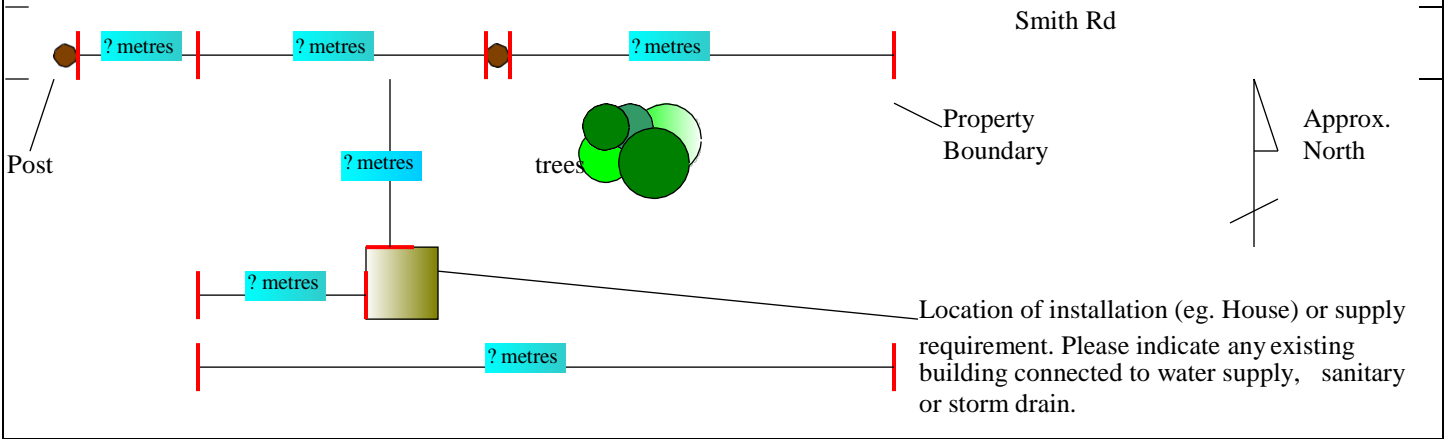
Draw a sketch of your property with the location of your installation (eg.house). See example below



Example of Sketch Details Requested

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

Chief Building Official

Approval Date

CAO/Clerk

Approval Date

Water Department

Installation Date

Town Foreman

PrintForm