



## APPLICATION FOR WATER SUPPLY AND SERVICE

Name of Water System: \_\_\_\_\_ Water Service Account # (if applicable) \_\_\_\_\_

### **Property Information:**

House No. \_\_\_\_\_ Street/Avenue \_\_\_\_\_ Community \_\_\_\_\_

Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ DL \_\_\_\_\_ Plan \_\_\_\_\_

### **Owner Information:**

Owner's Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

### **Application for the following service:** (please check all that apply)

\_\_\_ Supply and use of water (new connection)

\_\_\_ Supply and use of water (change of use or occupancy of property or premise)

\_\_\_ Connection repair(s), replacement(s), or adjustment(s)

\_\_\_ Water main extension

\_\_\_ Other (provide description) \_\_\_\_\_

Building Permit # \_\_\_\_\_ Year Built if Existing \_\_\_\_\_

Folio # (from tax bill) \_\_\_\_\_ Number of existing connections \_\_\_\_\_

### **Building Type or Use:** (please check)

\_\_\_ Single family dwelling                      Number of Rooms \_\_\_\_\_ Floor Area \_\_\_\_\_ sq ft

\_\_\_ Duplex, Townhouse, Mobile Home, Trailer                      Number of Units \_\_\_\_\_

\_\_\_ Boarding House, Suites, Apartments, Lodge                      Number of Units \_\_\_\_\_

\_\_\_ Hotel, Motel, Cabin                      Number of Units \_\_\_\_\_

\_\_\_ Institutional, School, Churches, Hospital                      Number of Classrooms \_\_\_\_\_

\_\_\_ Office Building                      Floor area (sq ft) \_\_\_\_\_

\_\_\_ Commercial building                      Floor area (sq ft) \_\_\_\_\_

Type of Commercial Use \_\_\_\_\_

\_\_\_ Other (specify) \_\_\_\_\_

**Property Service Description:**

Submit sketch plan with preferred service location. Please include the following with measurements:

- Property lines
- Driveways or hard surfaces
- Service lines within property boundaries
- Sanitary system / service offsets
- Street name
- Building location(s)
- Service lines from property line to main
- Designate North
- Other utilities
- Service connection offsets from front property line

**Note: A completed Service Connection Card and inspection will be required prior to approval of application. Connection to the water main or curb stop shall be done only under the direct supervision of Regional District personnel.**

Requested installation date: \_\_\_\_\_

**Please fill out attached Schedule B form**

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**\*This section to be completed by RDCK**

**A. Excavation Approval**

M.O.T.I. approval needed? Yes/No \_\_\_\_\_ Give details \_\_\_\_\_

Is there conflict with other utilities? (If yes, please explain): \_\_\_\_\_

**B. New Connection Charges to be sent to Billing**

\*(All charges, fees and deposit amounts will vary depending on the specific water system)

New Connection Application Fees to be paid: Yes/No \_\_\_\_\_ Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

New Connection Deposit to be paid: Yes/No \_\_\_\_\_ Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

The following is a break down estimate of costs for installation or repair of water service from main to curb-stop. The applicant will be required to pay the full amount of the estimate upfront. Actual costs may vary from estimate. A final invoice will be sent on the completion of installation or repair with actual costs. In the event of estimate exceeding costs, a refund will be provided. In the event of costs exceeding estimate, the client will be required to pay the difference prior to water service being turned on.

**Estimate of Service**

Parts and equipment	\$	Asphalt and road repair	\$
Labour hours	\$	Third party utility locate	\$
Excavation equipment	\$	Administration fee	\$
Fill and bedding material	\$	<b>Total Deposit</b>	<b>\$</b>

**C. Application Approval (\*Receipts for all Fees and Deposits have been received)**

Application review and authorization to proceed with works:

\_\_\_\_\_ Date

Name and Title

**D. Inspection Acceptance**

Inspection date \_\_\_\_\_ Inspected by: \_\_\_\_\_

Name and Title

Any Deficiencies? Yes/No \_\_\_\_\_ List of deficiencies found at inspection (e.g. Is service line rated material, clients side of curb-stop leaking, back filled and bedded properly, curb-stop damaged or non-operational?).

\* Deficiency correction must be completed 30 days from this date \_\_\_\_\_ to be accepted by the RDCK and for this service to be activated.

**E.** All deficiencies having been corrected and a service record card having been completed, this service work is:

Accepted on: \_\_\_\_\_ Date \_\_\_\_\_ Name and title \_\_\_\_\_

Date service turned on: \_\_\_\_\_

**F. RDCK Internal Tracking**

**Completed Service Connection Card Copied To:**

- Planning Department (GIS Technician)
- Building Department (Development Technician)

**Finance Department Notified When:**

- Estimate complete. Provide Accounts Receivable staff with copy of estimate and details on how the applicant will pay
- Installation complete. Provide Accounts Receivable staff with copy of completed application and statement of invoice/refund
- Service active. Provide Utility Billing staff with information to be added to billing inventory

**REGIONAL DISTRICT OF CENTRAL KOOTENAY**

**SCHEDULE B  
to  
BYLAW NO. 2052**

**APPLICATION FOR THE SUPPLY OF WATER FROM THE  
REGIONAL DISTRICT OF CENTRAL KOOTENAY**

I/We \_\_\_\_\_ owner/agent of owner, hereby  
make application for the supply of water to:

Civic Address: \_\_\_\_\_  
\_\_\_\_\_

Legal Description: \_\_\_\_\_

P.I.D. Number: \_\_\_\_\_

and agree to abide by the terms and conditions as established by Bylaw No. 2052 and  
amendments thereto, regulating the supply and use of the water utility of the Regional  
District of Central Kootenay.

\_\_\_\_\_, 20\_\_\_\_ .  
DATED:

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT

\_\_\_\_\_  
PRINT NAME OF OWNER OR AGENT

Owner/Agent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_