



APPLICATION FOR WATER AND SEWER ALLOCATION

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APPLICATION: It is the responsibility of the Owner or Authorized Agent to provide complete and accurate information at all times. This form will not be accepted as a complete application until such time as all questions have been answered and all requirements have been met in the manner requested herein.

FEE: \$500 per application
\$200 for single unit, infill and basement capacity allocation
Make all cheques payable to the Township of North Dundas.

AUTHORIZATION: All agents **MUST** file an authorization form signed by **ALL REGISTERED OWNERS** when filling on their behalf.

If you have any questions regarding your application, call the Township of North Dundas Public Works Department at 613-774-2105 or by fax at 613-774-5699.

<http://www.northdundas.com/>



APPLICATION FOR WATER AND SEWER SERVICES

FOR OFFICE USE ONLY	
Date received:	Application Fee: (to be paid at time of submission)
Received by:	

**APPLICANTS ARE REQUIRED TO CONSULT WITH THE PLANNING AND
PUBLIC WORKS DEPARTMENTS PRIOR TO COMPLETING THIS FORM**

Complete all applicable sections of the application form. An incomplete application will be returned to the applicant.

SECTION 1: BACKGROUND INFORMATION

PROPERTY INFORMATION			
Address or Site Location:			Unit:
Registered Plan Number:		Lot / Block Numbers:	
Roll Number and Property Identification Number (PIN):		Concession & Lot Number:	
Have you pre-consulted with Township staff?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate the date of the pre-consultation:			
REGISTERED PROPERTY OWNER INFORMATION			
Last Name:		First Name:	Position:
Corporation or Partnership:			
Address			Unit
Town:	Province:		Postal Code:
Phone:	Fax:	E-Mail:	



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APPLICANT INFORMATION		
Registered Owner <input type="checkbox"/> Authorized Agent (ensure Authorization Form is attached) <input type="checkbox"/>		
Last Name:	First Name:	Position:
Corporation or Partnership:		
Address:		Unit:
Town:	Province:	Postal Code:
Phone:	Fax:	E-Mail:

Specify the person who is to be contacted if more information needed. All communication will be directed to the person.

Registered Owner Authorized Agent

APPLICATION TYPE (CHECK ONE)

- Residential Project (Full Services) Residential Project (Partial Services)
 Non-Residential Project (Full Services) Non-Residential Project (Partial Services)
 Other (specify):

Does this application accompany a development application (zoning, site plan control, subdivision, consent, etc.)? Yes No

If yes, provide previous file number(s) and the dates of any application(s):

File Type: _____ File No.: _____ Date: _____

What is the current use of the property?



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Lot Characteristics:

Lot frontage (m): _____ Lot depth (m): _____ Lot area (m²): _____

OR Lot area (if irregular) (m²): _____

What is the gross floor area of all existing buildings (m²)? _____

What is the existing commercial gross floor area (m²)? _____

What is the existing number of residential dwelling units? _____

What is the existing industrial gross floor area (m²)? _____

What year were the existing buildings (if any) constructed? _____

Is the property presently connected to municipal services? Yes No

SECTION 2: PROPOSAL DETAILS

Describe **in detail** the proposed project for the property:

	Number of units proposed	Description of Project
<input type="checkbox"/> Residential	<input type="text"/>	_____
<input type="checkbox"/> Commercial	<input type="text"/>	_____
<input type="checkbox"/> Institutional	<input type="text"/>	_____
<input type="checkbox"/> Industrial	<input type="text"/>	_____
<input type="checkbox"/> Other	<input type="text"/>	_____



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What is the gross floor area of all proposed buildings (m²)? _____

What is the proposed commercial gross floor area (m²)? _____

What is the proposed number of residential dwelling units? _____

What is the proposed industrial gross floor area (m²)? _____

What is the estimated daily usage/flow (m³ or litres/s)?* _____

**Non-residential projects only.*

Is the proposed project to be phased? Yes No

If "Yes", specify the proposed phasing schedule:

Phase Number	Units/Phase	Estimated Start Date	Estimated Completion Date
_____	_____	_____	_____
_____	_____	_____	_____

Services currently available to the subject property (check all that apply):

<i>Existing</i>	<i>Proposed</i>		<i>Existing</i>	<i>Proposed</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Municipal Water	<input type="checkbox"/>	<input type="checkbox"/>	Private Well
<input type="checkbox"/>	<input type="checkbox"/>	Storm Sewer	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Sewer
<input type="checkbox"/>	<input type="checkbox"/>	Communal Septic	<input type="checkbox"/>	<input type="checkbox"/>	Private Septic

*I confirm that all the statements contained in this application are true. **Note that if the applicant is not the registered owner, the "Authorization of Owners" form must also be completed.**

Date

Signature of Authorized Applicant(s) or Owner(s)

Date

Signature of Authorized Applicant(s) or Owner(s)

FOR OFFICE USE ONLY	
Credits for existing Construction (calculated as per By-law No. 2020-59):	_____
Units required for proposed construction (calculated as per By-law No. 2020-59):	_____
Allocation expiration date recommendation (1 year or 2 years):	_____



AUTHORIZATION OF OWNER(S)

If someone other than the registered owner(s) of the property is making this application, then this section must be completed. If there is more than one registered owner, separate authorization is required from each individual or corporation.

I/We, _____ the undersigned,

hereby authorize _____
(print full name, including company, if any)

to submit the enclosed application to the Corporation of the Township of North Dundas, and to appear on my/our behalf at any hearing(s) of the application, and further, to provide any information or materials required by the Township of North Dundas relevant to the application.

Date

Signature of Owner(s)

Date

Signature of Owner(s)