

**NORTH SALT SPRING WATERWORKS DISTRICT**

(Please print clearly)

**APPLICATION FOR \_\_\_\_\_ WATER SERVICE CONNECTION to service the property described hereunder:**

**Lot \_\_\_\_\_, Section \_\_\_\_\_, Range \_\_\_\_\_ of Plan \_\_\_\_\_ Folio #:764-\_\_\_\_\_**

Physical Address of Property: \_\_\_\_\_

Name of Property	1	2
Owner(s):		

Mailing Address: \_\_\_\_\_ Street, City, Province, Postal Code

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

- Property/Water Usage: (Check all that apply)
- 1. Residential: Single Family \_\_\_ with Suite or Cabin <600 sq. ft. \_\_\_ >600 sq.ft \_\_\_
  - 2. Multi Family <600 sq. ft. \_\_\_ # Units \_\_\_
  - 3. Multi Family >600 sq. ft. \_\_\_ # Units \_\_\_
  - 4. Farm: \_\_\_
  - 5. RV Park \_\_\_ # Units/Pads \_\_\_
  - 6. Commercial: Single Unit \_\_\_ or Multi-Unit \_\_\_ # Units \_\_\_
  - 7. Institutional: Non-Residential \_\_\_ or Residential \_\_\_ # Units \_\_\_
  - 8. Institutional: Park or Recreational Facility \_\_\_
  - 9. Industrial: \_\_\_ Industrial requiring water use for process \_\_\_

Until further notice please direct billing to: Same as above \_\_\_\_\_ or

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code, Province \_\_\_\_\_

I hereby certify that I am the Owner \_\_\_\_\_ Owner's Agent \_\_\_\_\_ of this property.

\_\_\_\_\_  
Signed Date (mm/dd/year)

Application for a \_\_\_\_\_ Approved: \_\_\_\_\_ Application Rejected: \_\_\_\_\_

\_\_\_\_\_  
Signed (For North Salt Spring Waterworks District) Date

The users of water for the property described above are reminded that they must abide by the requirements of the *Provincial Water Act*, the *Health Act* and the requirements of this District.

Connection Fee Paid:  
\$ \_\_\_\_\_