

CAPE BRETON REGIONAL MUNICIPALITY
APPLICATION FOR MUNICIPAL SERVICES

(Engineering & Public Works)

DATE: _____ NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

_____ TEL: (H) _____ (BUS) _____

BUILDING PERMIT No.: _____ APPROVED BY: _____

DRIVEWAY BYLAW APPROVAL YES NO WIDTH APPROVED: _____

COST SUMMARY

WATER – ACC # 4150

EXISTING ACCOUNT No.: _____ OR NEW _____ SPR. SYST. _____

METER SERIAL No.: _____ METER SIZE: _____

INITIAL METER READING: _____ CLOSING METER READING: _____

DATE TO BE CONNECTED: _____ DATE TO BE DISCONNECTED: _____

ASSOCIATED COST \$: _____ H.S.T. \$: _____

SANITARY SEWER – ACC # 5130

ASSOCIATED COST \$: _____ H.S.T. \$: _____

STORM SEWER – ACC # 5130

ASSOCIATED COST \$: _____ H.S.T. \$: _____

DRIVEWAY ACCESS – ACC # 5130

ASSOCIATED COST \$: _____ H.S.T. \$: _____

SERVICE COST TOTAL \$: _____ H.S.T. \$: _____

I hereby acknowledge that the above calculated costs are for work to be performed by the Cape Breton Regional Municipality, under "normal conditions" as defined in the service delivery policy. Additional charges may occur should work exceed "normal conditions" criteria.

OWNER INSTALLED DRIVEWAY – SPECIFICATION SHEET PROVIDED. YES NO

_____ AMOUNT PAID \$: _____
Client Signature Clerk Initials