TOWN OF ANTIGONISH SCHEDULE "A"

Municipal Services Permit Application & Approval Form

SECTION 1

APPLICATION INFORMATION (incomplete applications will not be processed) Date: _____

Application for: New Services ☐ Renovation ☐ Water only ☐ Sanitary only ☐

Storm only ☐ Driveway Access ☐ Street Work ☐ Other ☐ _____

Owner: _____ Property Location _____

Mailing Address: _____ Project Description _____

_____ _____

Phone (W)_____ (H) _____ _____

Fax: _____ Cell: _____ Site Plan Provided: Yes ☐

E-mail: _____ Existing/Proposed Servicing Plan Provided Yes ☐

Ground Elevations Provided Yes ☐

Additional Comments/Information:

SECTION 2 SERVICES FOR PROJECT BEING PROVIDED BY:

Contractor: _____ Plumber: _____ Cert. # _____

Address: _____ Address: _____

Phone: (W) _____ (C) _____ Phone: (W) _____ (C) _____

(H) _____ Fax _____ (H) _____ Fax _____

E-Mail _____ E-Mail _____

Engineer: _____ Other: _____

Address: _____ Address: _____

Phone: (W)_____ (C) _____ Phone: (W)_____ (C) _____

(H) _____ Fax _____ H) _____ Fax _____

E-Mail _____ E-Mail _____

Anticipated Start Date: _____

_____

Signature of Applicant

SECTION 3 General Inquiry (Specify information requested and/or provided): _____

_____

_____

Date: _____ Taken By: _____ Forwarded To: _____

For Office Use Only: Permit # _____ P.I.D. # _____

Approval for Services: Yes ☐ By: _____ Dept.: _____

No ☐ Additional Information Required: _____

_____

Qualified Contractor: Yes ☐ or Comment: _____

Water/Sewer Connection Fee Required: No ☐ Yes ☐ If Yes Date Rec'd _____ Amount _____

Receipt # _____ By: _____

Owner ☐ File ☐ Public Works ☐ Billing Clerk ☐

TOWN OF ANTIGONISH – MUNICIPAL SERVICES PERMIT

This permit is issued to _____ to _____, as follows:

Install, Remove, Replace

New Service ☐ Renovation ☐ Water Only ☐ Sanitary Only ☐ Storm Only ☐ Driveway Access ☐ Street Work ☐

Other ☐ Description: _____

As stated in the application submitted by the applicant and approved by the Engineer of the Town of Antigonish or his designate. This permit is issued upon the condition that the work is to be started within six months from the date of this permit and that the stated work is not discontinued or suspended for a period of more than one year. All work must be carried out in accordance with the Bylaws and Regulations of the Town of Antigonish and all orders of the Engineer or his designate made or issued by virtue of such Bylaws and Regulations must be observed.

Permit # _____ Date _____

_____

Authorized Signature