

Municipal Services Permit Application & Approval Form

(Please note incomplete applications will not be processed)

APPLICATION INFORMATION

Application for:

New Service Renovations Water Only Sanitary Only

Storm Only Driveway Access Street Work Other _____

Owner: _____ Property Location: _____

Mailing Address: _____

Phone (w) _____ cell _____ Email _____

Project Description _____

Site Plan Provided: Yes Ground Elevations Provided: Yes BIN # _____ (if applicable).

Additional Comments:

PROJECT SERVICE PROVIDERS

Contractor _____ Phone _____ Email _____

Address: _____

Plumber _____ Phone _____ Email _____
Certification # _____

Engineer _____ Phone _____ Email _____
APENS # _____ Anticipated Start Date: _____

Signature of Applicant _____ Print Name _____

FOR OFFICE USE ONLY:

Information taken by _____ Date _____

Forwarded to _____

Water/Sewer Connection Fee Required No Yes Date received _____
Additional Information Requested _____

Comments _____

APPROVAL

This permit is issued to _____ to _____

New Service Renovations Water Only Install, Remove, Replace Sanitary Only

Storm Only Driveway Access Street Work Other _____

Other
Description: _____

As stated in this 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 of 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 By-Laws and Regulation of the Town of Antigonish and all Orders of the Engineer and his designate made or issued by virtue of such By-Laws and Regulations must be observed.

Permit # _____ Date: _____ Authorized Signature _____

CIRCULATION

Owner File PWD Building File Billing (if required)