



CORPORATION OF THE TOWN OF SMITHS FALLS

77 BECKWITH STREET NORTH

SMITHS FALLS, ON., K7A 2B8

PHONE: (613) 283-4124 EXT 3302

FAX: (613) 283-5080

WATER PERMIT APPLICATION FORM

PERMIT #: _____

APPLICATION DATE (M/D/Y): _____

ESTIMATED PROJECT COMPLETION DATE: _____

PERMIT TYPE: OWNER CONTRACTOR

THE PERMIT HOLDER HEREBY CERTIFIES THAT THIS INSTALLATION WILL BE COMPLETED IN ACCORDANCE WITH THE CORPORATION OF THE TOWN OF SMITHS FALLS, MUNICIPAL ENGINEERING DESIGN AND SPECIFICATIONS/BYLAWS, AND SHALL COMMENCE WITHIN 90 DAYS. UPON FAILURE TO DO SO, THIS PERMIT WILL EXPIRE IN 90 DAYS WITHOUT AN EXTENSION REQUEST. WORK IS NOT TO COMMENCE PRIOR TO THE ISSUANCE OF AN APPROVED PERMIT.

OWNERS NAME:* _____ MAILING ADDRESS:* _____	
CITY:* _____ PROV: _____ POSTAL CODE: _____	
PHONE:* _____ FAX: _____ CELL: _____ EMAIL: _____	
SERVICE ADDRESS: _____	
OWNER'S SIGNATURE / DECLARATION (SINGLE FAMILY RESIDENTIAL ONLY): _____ "I HEREBY DECLARE I AM THE OWNER OF THE PREMISES IN WHICH THE WORK WILL BE CONDUCTED, AND RESIDE ON THE PROPERTY. I AM DOING THE WORK MYSELF, AND ASSUME RESPONSIBILITY FOR COMPLIANCE WITH THE APPLICABLE ACT AND REGULATIONS"	
CONTRACTOR'S NAME*: _____ ADDRESS*: _____	
CITY:* _____ PROV: _____ POSTAL CODE: _____ PHONE:* _____	
FAX: _____ CELL: _____ EMAIL: _____	
TYPE OF CONSTRUCTION <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL	INSPECTIONS REQUIRED & APPLICABLE FEES <input type="checkbox"/> NEW/REPLACEMENT WATER SERVICE \$75.00 <input type="checkbox"/> WATER METER \$75.00
Permit/Deposit Fee: \$300.00 (ANY OUTSTANDING BALANCE WILL BE REFUNDED UPON FINAL INSPECTION.) Note: There is a \$75.00 fee applicable for missed appointments	Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Inspectors Signature: _____ Inspection Date: _____

IT IS THE CONTRACTORS RESPONSIBILITY TO ENSURE ALL UNDERGROUND LOCATIONS ARE RECEIVED PRIOR TO EXCAVATION

TELEPHONE 1-800-400-2255 OR www.On1Call.com (NOTE THERE IS A "7- WORKING DAY" TURNAROUND FOR ALL ON1CALL.). PLEASE CONTACT THE TOWN OF SMITHS FALLS, WORKS & UTILITIES DEPARTMENT (613)283-4124 Ext. 3302 FOR INSPECTIONS. **PLEASE ALLOW TWO WORKING DAYS NOTICE.** INSPECTIONS WILL BE SCHEDULED BETWEEN 7:30 A.M. AND 3:00 P.M. WEEKDAYS. THE ENTIRE SERVICE INSTALLATION FROM THE TIE-IN TO THE STRUCTURE MUST BE VISIBLE/EXPOSED FOR INSPECTION PURPOSES. IF THE CONTRACTOR-OWNER COVERS THE WORK PRIOR TO INSPECTION, WITHOUT APPROVAL FROM THE SUPERINTENDENT (OR DESIGNATE), A FINE SHALL BE LEVIED AS PER SCHEDULE "F" OF THE WATER BY-LAW, AND THE CONTRACTOR OR /OWNER SHALL UNCOVER THE WORK AT THEIR OWN EXPENSE AND HAVE THE INSPECTION SATISFACTORILY COMPLETED.

IT IS THE CONTRACTORS RESPONSIBILITY TO CALL FOR THE APPROPRIATE INSPECTIONS.

THE PERSONAL INFORMATION PROVIDED AS PART OF THIS APPLICATION IS COLLECTED UNDER SECTION 43 OF THE SAFETY CODES ACT AND SECTIONS 295 AND 303 OF THE MUNICIPAL GOVERNMENT ACT IN ACCORDANCE WITH SECTION 33 OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP). THE FOIP ACT REGULATES THE COLLECTION AND DISCHARGE OF PERSONAL INFORMATION THE PRIVACY OF PERSONAL INFORMATION REQUESTED IN THIS FORM IS PROTECTED BY THE FOIP ACT AND IS COLLECTED FOR THE SOLE USE OF THE CORPORATION OF THE TOWN OF SMITHS FALLS.

*** - REQUIRED FIELDS. APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING WITHOUT REQUIRED INFORMATION.**