



Cape Breton Regional Municipality

DATE: _____

APPLICATION FOR MUNICIPAL SERVICES (Note: items in red are REQUIRED information)

OWNER NAME: _____

APPLICANT NAME: _____
(if different from owner)

SERVICE ADDRESS: _____
civic street
community

BILLING ADDRESS: _____
address
community postal code

TEL: (H) _____ (B) _____ (C) _____ **BUILDING PERMIT:** _____

APPLICATION TYPE

Name Change _____
Address Change _____
Water Turn/on _____
Water Turn/off _____
New Water Service: _____
New Sewer Service: _____
Sewer Repair: _____
Driveway Access: _____
Bulk Water: _____

WATER: \$ _____ CBRW 6180 **WORK ORDER:** 10000 _____

Residential _____ units **Other:** _____

Sprinkler System _____ units **Size of Meter** _____

Private Hydrant _____ units **Meter Serial** _____

Size of Service _____ **R900 ID** _____

PUBLIC WORKS TURN-ON

Date: _____

Note: _____

SANITARY SEWER: \$ _____ CBRM 6180 **WORK ORDER:** 10000 _____

Note: _____

STORM SEWER: \$ _____ CBRM 6180 **WORK ORDER:** 10000 _____

Note: _____

DRIVEWAY ACCESS: \$ _____ CBRM 6180 **WORK ORDER:** 10000 _____

Driveway Bylaw Approval: Yes _____ No _____ **Width Approved** _____

Note: _____

OTHER: \$ _____ CBRM _____ **WORK ORDER:** 10000 _____

Note: _____

☐ **CHARGE TO TAX ACCOUNT**

TOTAL COST: \$ _____

Tax Account #: _____

AMOUNT PAID: \$ _____

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.

Customer Signature _____

Clerk Initials _____