Cape Breton Regional Municipality

320 Esplanade
Sydney, Nova Scotia, B1P7B9
Phone: **311**
Alt Number: **902-563-2276**

APPLICATION FOR MUNICIPAL SERVICES

OWNER NAME			
APPLICANT NAME (If different from owner)			
SERVICE ADDRESS		POSTAL CODE	
BILLING ADDRESS		POSTAL CODE	
E-MAIL		PHONE #	
APPLICATION TYPE	**Select Item**		

WATER: **$_____ CBRW 6180** **WORK ORDER: 1000_____**

RESIDENTIAL _____ UNITS	OTHER _____
SPRINKLER SYSTEM _____ UNITS	SIZE OF METER _____
PRIVATE HYDRANT _____ UNITS	METER SERIAL _____
SIZE OF SERVICE _____ UNITS	R900 ID _____
PUBLIC WORKS TURN ON DATE: _____	NOTE: _____

SANITARY SEWER: **$_____ CBRW 6180** **WORK ORDER: 1000_____**

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NOTE: _____

STORM SEWER: **$_____** **CBRW 6180** **WORK ORDER: 1000_____**

NOTE: _____

DRIVEWAY ACCESS: **$_____** **CBRW 6180** **WORK ORDER: 1000_____**

DRIVEWAY BYLAW APPROVAL: YES ☐ NO ☐ WIDTH APPROVED: _____

NOTE: _____

OTHER: **$_____** **CBRW 6180** **WORK ORDER: 1000_____**

NOTE: _____

CHARGE TO TAX ACCOUNT: ☐ **TOTAL COST: $** _____

TAX ACCOUNT NUMBER: _____ **AMOUNT PAID: $** _____

CUSTOMER SIGNATURE _____ **CLERK INITIALS** _____

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.

Revised July 2026