

PERMIT 'A': WATER CONNECTION

CITY OF PITT MEADOWS

PERMIT FOR WATER SERVICE CONNECTION

**(PURSUANT TO WATER WORKS BYLAW 2343, 2007
& AMENDMENTS THERETO)**

Work Order #: _____

Today's Date: _____

Owner Name:	
Owner Mailing Address:	
* Including Postal Code *	
Owner Phone #:	
Agent Contact Name:	
Agent Contact Phone #: (cell # preferred if available)	

The Undersigned being the Registered Owner/Owners (or duly Authorized Agent) of real property situated at:

(address, including postal code)

the Legal Description being:

in the City of Pitt Meadows, make Application as follows:

1. A ____mm Water Connection from the Municipal Watermain to the Property Line, and herewith Tender the Sum of \$100.00 for the Application Fee.
2. All Service Connections shall be at the Actual Cost of all direct Materials, Labour, Equipment & Taxes Plus 20% Administration Costs.
3. The owner will install a reduced pressure backflow assembly as shown on the attached drawing immediately following the installation of their water service. The City will determine by the stated usage of the water supply if a reduced pressure backflow assembly is required.

CITY OF PITT MEADOWS
Waterworks Bylaw No. 2343 – Consolidated Version

I/WE hereby authorize The City of Pitt Meadows to install the said Water Connection and further agree to duly pay all Annual Charges assessed against the aforesaid real property therefor.

I/WE hereby agree to conform to the Provisions contained in the "Water Works Bylaw 2343 & Amendments thereto.

Terms and Conditions:

I agree that I will comply with all City of Pitt Meadows bylaws, including the following: Highway and Traffic Bylaw, Water Works Bylaw, Sanitary Sewer and Storm Drain Bylaw, and Greater Vancouver Sewerage and Drainage District Sewer Use Bylaw and amendments thereto in so far as they apply to my requirements and use. I also agree to save the City, its elected and appointed officials, employees and agents harmless from and against all liability, actions, causes of action, claims, damages, expenses, costs, debts, demands for losses suffered or incurred by them or any of them, including consequential damages and damages to third parties whether known or unknown, foreseeable or not, arising from the installation and use of the service connection. The City reserves the right to charge the applicant for any additional costs incurred due to problems encountered, which at the time of the estimate were not known by the City. Payment of the connection fee must be made two (2) weeks prior to installation. Please make cheques payable to the City of Pitt Meadows.

**A stake must be placed and marked with paint where the service is required.

Note: This application for service estimate is valid for sixty (60) days only from date of estimate.

Authorized Signature of the Applicant(s)

Date Signed

Approving Signature of the City Engineer

Date Signed

Your personal information is collected under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). This information will be used for engineering permit application purposes and will not be disclosed to the public except as may be required by law. Questions about the collection and use of this information may be directed to Ike de Boer, Engineering Services Coordinator, City of Pitt Meadows, 12007 Harris Road, Pitt Meadows, BC V3Y 2B5 Telephone: 604-465-2425

PERMIT FOR WATER CONNECTION IN EXCESS OF 1 INCH

REQUIRED INFORMATION:

PROPERTY OWNER: _____

PROJECT ADDRESS _____

1. AREA OF GREENHOUSES: PUT IN MEASURABLE UNITS (Sq. Ft./Sq. Meters)

EXISTING: _____

FUTURE: _____

**2. AREA OF NURSERY: PUT IN MEASURABLE UNITS (Sq. Ft./Sq. Meters/
Acres/Hectares)**

EXISTING: _____

FUTURE: _____

3. TYPE OF PLANTS/CROPS PRODUCED:

4. APPLIED FERTILIZER: Used Not Used

TYPE USED: _____

METHOD OF APPLICATION: _____

**5. IF NOT A NURSERY OR GREENHOUSE STATE TYPE OF OPERATION FOR
WATER USAGE:**

COPY TO: Foreman, Operations Department

PERMIT 'B': WATER SERVICE DISCONNECTION
PERMIT FOR SERVICE DISCONNECTION

Work Order #: _____

Today's Date: _____

Owner Name:	
Owner Mailing Address:	
* Including Postal Code *	
Owner Phone #:	
Agent Contact Name:	
Agent Contact Phone #: (cell# preferred if available)	

The Undersigned being the Registered Owner/Owners (or duly Authorized Agent) of real property situated at:

(address, including postal code)

the Legal Description being:

in the City of Pitt Meadows, make Application as follows:

Water Disconnection: Permanent Temporary

Sanitary Disconnection: Permanent Temporary

Storm Disconnection: Permanent Temporary

Reason for Disconnection Request:

If this is for a demolition or removal of house, what is the approximate demolition date?

An estimate for disconnection will be done by the Operations Department. You will be notified of the amount, and, should you wish to proceed, you will be required to pay the amount before the disconnection work is done and sign a cost estimate for private work form.

I/WE hereby authorize the City of Pitt Meadows to disconnect services as indicated above.

Terms and Conditions:

I agree that I will comply with all City of Pitt Meadows bylaws and amendments thereto in so far as they apply to my requirements and use. I also agree to save the City, its elected and appointed officials, employees and agents harmless from and against all liability, actions, causes of action, claims, damages, expenses, costs, debts, demands for losses suffered or incurred by them or any of them, including consequential damages and damages for third parties whether known or unknown, foreseeable or not, arising from the disconnection of services. The municipality reserves the right to charge the applicant for any additional costs incurred due to problems encountered, which at the time of the estimate were not known by the City. Payment of the disconnection fee must be made two (2) weeks prior to disconnection. Please make cheques payable to the City of Pitt Meadows.

Note: This application for service disconnect is valid for sixty (60) days only from date of estimate.

Authorized Signature of the Applicant(s)

Date Signed

Approving Signature of the
Engineering Services Coordinator

Date Signed

cc: Building Department

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