

## MABEL LAKE SEWER SERVICE APPLICATION

Application Date:	☐ Agent / Applicant ☐ Owner	
Sewer Utility, Type of Service and Fees		
Where the applicant is not the registered owner(s), the application must be signed by the registered owner(s), or an authorized agent (complete the <b>Owner's Appointment of an Agent</b> form).		
☐ Sewer Service Application	- \$250.00	
□ Plan Review	- \$250.00 per sheet	
☐ Development Inquiry	<ul> <li>Actual Cost per inquiry (\$275.00 min. for the first three hours)</li> </ul>	
☐ Subdivision Application	- \$400.00 + \$10.00 per lot created	
□ Other - Specify:		
*Above fees are per the current Small Utilities Rates and Regulations Bylaw.		
Property Information		
Legal Description:		
Civic Address:		
Owner Information		
Name:		
Company Name:		
Corporate Owner (if applicable):		
Mailing Address:		
Phone Number:	Cell Number:	
Email:		
Applicant Information		
Name:		
Mailing Address:		
Phone Number:	Cell Number:	
Email:		
Sewer Service Proposal Information – Required information		
Septic tank will serve: ☐ Residential No. o	of bedrooms:   Commercial	
Sewer Service Proposal Additional Information		
Septic tank manufacturer:	Fank Material:	
Total volume of tank (liters / gallons):	Proposed depth of burial (cm):	
Are there any restrictive covenants / easements, which will affect the design or location of the septic tank?		
☐ No ☐ Yes; if yes, please explain and attach the supporting documents:		

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Required for Application		
☐ Septic Tank Plan and Specifications Designed and Sealed / Signed by a Qualified Professional		
☐ Site or Layout Plan of Proposed Septic Tank Drawn to Scale (in meters) Which includes buildings, water service, underground utilities, property boundaries, and surface water bodies (if applicable).		
Sewer Service Proposal Information – Other Information (attach separate page if necessary)		
Coordinating Professionals - List any profession	nals known to date (e.g. surveyor, engineer, etc.)	
Name:		
Title:		
Address:		
Primary Contact Number:	Cell Number:	
Email:		
Name:		
Title:		
Address:	0.1111	
Primary Contact Number:	Cell Number:	
Email:		
Owner / Applicant or Agent Confirmation		
1. As applicant or approved agent, I confirm that I have read all relevant Regional District of North Okanagan Bylaws and policies and that this application is in conformance (unless a Bylaw amendment forms part of this application).		
2. I accept responsibility for processing delays car	used by incorrect or insufficient submission materials.	
within the application, including personal information	olic document and that any and all information contained ation as that term is defined in the <i>Freedom of Information</i> for inspection by the public and may be reproduced and the Board of Directors.	
Signature of Owner:	Date:	
Signature of Applicant:	Data	
OFFICE USE		
File No.:	Fees Submitted:	
Received By:	Descint No.	

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