



District of Sechelt
 PO Box 129, Sechelt BC V0N 3A0
 604-885-1986 / Fax: 604-885-7591 www.sechelt.ca

SEWER SERVICE APPLICATION

Name of Applicant: _____ **Folio No:** _____
Date: _____

Mailing Address: _____ **Telephone:** _____

Legal Description: Lot # _____ Block # _____ D.L. # _____ Plan # _____

Civic Address of Above: _____

Terms & Conditions:

I/We agree to pay for the use of the sewage system, within the Sechelt Sanitary Sewer Specified Area at the times and rates as may, from time to time, be prescribed by the District of Sechelt by bylaw or otherwise;
 I/We further agree to protect and save harmless the District of Sechelt from all claims, demands costs and charges of whatsoever kind except negligence on the part of the District of Sechelt, but always subject to the Municipal Act of British Columbia, arising out of or in any manner incident to, or caused by any of the pipes use for conveyance of sewage pursuant to this application;
 I/We further agree that if the District of Sechelt installs a connection to the boundary line of the above property, I/We will connect the building thereon to the same by pipes laid in accordance with the current bylaws and regulations and will at all times maintain the same;
 I/We agree that the personal information collected on this form by the District of Sechelt relates to and is necessary for the operation of the public sewer connection program and except where expressly noted herein will become part of the public record which will be routinely made available under the freedom of information legislation.

I HAVE READ AND AGREED WITH THE TERMS & CONDITIONS:

Signature of Applicant: _____ **Application Taken By:** _____

ENGINEERING DEPARTMENT

Fee for Installation: _____ Approved By: _____

Date of Installation: _____ Installed By: _____

Sewer is: Active Non-Active

BUILDING DEPARTMENT

Fee for Inspection: _____

TOTAL FEES OWING: \$ _____

Copy required for Engineering & Finance

PAID STAMP
