Municipal Service Installation

☐ Water
☐ Sanitary Sewer
☐ Storm Sewer

11 Hudson Street, Blind River, Ontario, P0R 1B0 Tel.: (705)356-2251 Fax.: (705)356-7343

For use by the Town of Blind River		
Permit Number:		Roll Number: 57-38-000-
Date Received:		
Size:	Price:	Local Improvement Charge: ☐ YES ☐ NO

Application submitted to: The Corporation of the Town of Blind River

A. Applicant/ Person in Charge

Applicant is: ☐ Owner ☐ Authorized Agent of Owner

Name of Applicant:		Home Telephone No.:
Cell No.:	Business Telephone No.:	Fax No.:
Address:		Postal Code:
Legal Description:		

B. Owner (if different from applicant)

Name of Applicant:		Home Telephone No.:
Cell No.:	Business Telephone No.:	Fax No.:
Address:		Postal Code:

I/We _____, request that the Town of
(print name)

Blind River install a water/ sanitary/storm service at _____.
(address)

I/We agree to pay the Town the full cost of the service prior to installation.

_____ _____
Signature Date Paid

Fees: Water line ☐ Less than 1" - $1099.06 ☐ Greater than 1" - $1648.58

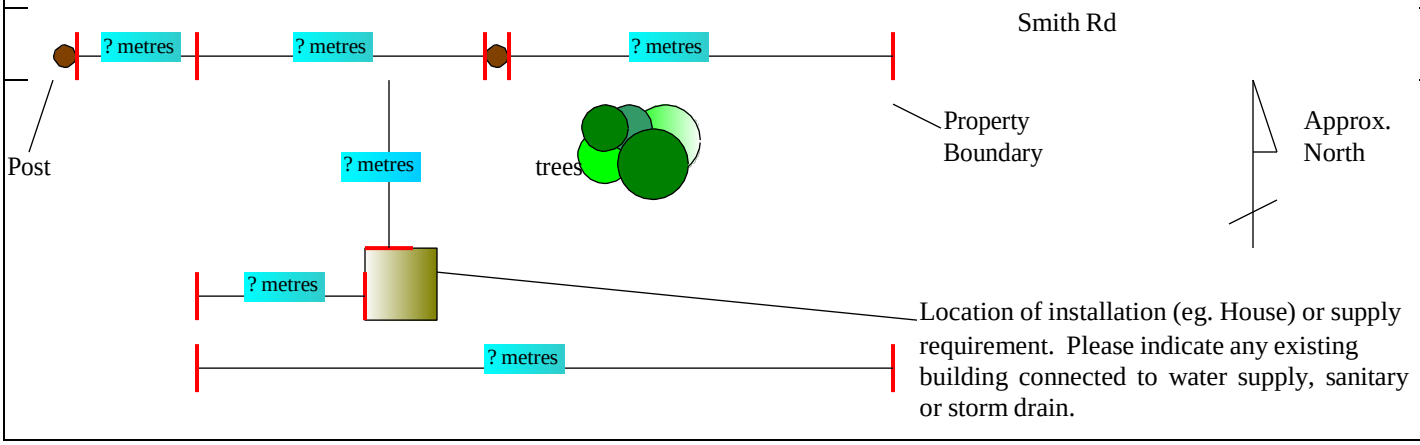
Sewer line 4" - 6" - $1099.06 ☐

Draw a sketch of your property with the location of your installation (eg.house). See example below

Example of Sketch Details Requested

The location sketch of your property should provide the details shown in the example below. The correct information will assist the Town of Blind River to locate your property within the existing water distribution, sanitary or storm drain system.

Nearest pole adjacent to your property. Please provide pole numbers - see note below.



Applicant Signature

Date Paid

Approval Date

Chief Building Official

Approval Date

CAO/Clerk

Approval Date

Water Department

Installation Date

Town Foreman

Print Form