



Application No.: _____

Receipt No.: _____

Report No.: _____

APPLICATION FOR WATER AND SEWER SERVICES

APPLICATION: It is the responsibility of the Owner or Authorized Agent to provide complete and accurate information at all times. **This form will not be accepted as a complete application until such time as all questions have been answered and all requirements have been met in the manner requested herein.**

FEE: **No charge** for requests of between 0 and 1.99 units.
\$500 for requests of 2 or more units.
Make all cheques payable to the Township of Russell.

AUTHORIZATION: All agents **MUST** file an authorization form signed by **ALL REGISTERED OWNERS** when filling on their behalf.

COMMISSIONERS' SIGNATURES: It is required that this form be signed before a Commissioner of Oaths. If more than one owner, **ALL OWNERS** are required to sign before a Commissioner, otherwise an authorization form will be necessary. A Commissioner is available at Front Counter of the first floor Planning Department.

If you have any questions regarding your application, call the Township of Russell Planning Department at 613-443-3066 or by fax at 613-443-1042.

www.russell.ca



Application No.: _____

Receipt No.: _____

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APPLICATION FOR WATER AND SEWER SERVICES

FOR OFFICE USE ONLY	
Date received:	Base Fee: \$500 (to be paid at submission of application)
Application Commissioned: <input type="checkbox"/>	
Received by:	

APPLICANTS ARE REQUIRED TO CONSULT WITH THE PLANNING AND UTILITY DEPARTMENTS PRIOR TO COMPLETING THIS FORM

Complete all applicable sections of the application form. An incomplete application will be returned to the applicant.

SECTION 1: BACKGROUND INFORMATION

PROPERTY INFORMATION		
Address or Site Location:		Unit:
Registered Plan Number:	Lot / Block Numbers:	
Roll Number:	Concession & Lot Number:	
Have you pre-consulted with Township staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate the date of the pre-consultation:		
REGISTERED PROPERTY OWNER INFORMATION		
Last Name:	First Name:	Position:
Corporation or Partnership:		
Address		Unit
Town:	Province:	Postal Code:
Phone:	Fax:	E-Mail:



APPLICANT INFORMATION		
Registered Owner: <input type="checkbox"/>	Authorized Agent (ensure authorization form is attached): <input type="checkbox"/>	
Last Name:	First Name:	Position:
Corporation or Partnership:		
Address:		Unit:
Town:	Province:	Postal Code:
Phone:	Fax:	E-Mail:

Specify the person who is to be contacted if more information needed. All communication will be directed to the person.

Registered Owner Authorized Agent

APPLICATION TYPE (CHECK ONE)

- Residential Project (Full Services) Residential Project (Partial Services)
- Non-Residential Project (Full Services) Non-Residential Project (Partial Services)
- Other (specify): _____

Does this application accompany a development application (zoning, site plan control, subdivision, consent, etc.)? Yes No

If yes, provide previous file number(s) and the dates of any application(s):

File No. _____

File No. _____

What is the current use of the property?



Lot Characteristics:

Lot frontage (m): _____ Lot depth (m): _____ Lot area (m²): _____

OR Lot area (if irregular) (m²): _____

What is the gross floor area of all existing buildings (m²)? _____

What is the existing commercial gross floor area (m²)? _____

What is the existing number of residential dwelling units? _____

What is the existing industrial gross floor area (m²)? _____

What year were the existing buildings (if any) constructed? _____

Is the property presently connected to municipal services? Yes No

SECTION 2: PROPOSAL DETAILS

Describe in detail the proposed project for the property:

	Number of units proposed	Description of project
<input type="checkbox"/> Residential	<input type="text"/>	_____
<input type="checkbox"/> Commercial	<input type="text"/>	_____
<input type="checkbox"/> Institutional	<input type="text"/>	_____
<input type="checkbox"/> Industrial	<input type="text"/>	_____
<input type="checkbox"/> Other	<input type="text"/>	_____



What is the gross floor area of all proposed buildings (m²)? _____

What is the proposed commercial gross floor area (m²)? _____

What is the proposed number of residential dwelling units? _____

What is the proposed industrial gross floor area (m²)? _____

Is the proposed project to be phased? Yes No

If "Yes", specify the proposed phasing schedule:

Phase Number	Units/Phase	Estimated Start Date	Estimated Completion Date
_____	_____	_____	_____
_____	_____	_____	_____

Indicate the services that are presently available to the subject property:

Available Services (check all that apply):

<i>Existing</i>	<i>Proposed</i>		<i>Existing</i>	<i>Proposed</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Municipal Water	<input type="checkbox"/>	<input type="checkbox"/>	Private Well
<input type="checkbox"/>	<input type="checkbox"/>	Storm Sewer	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Sewer
<input type="checkbox"/>	<input type="checkbox"/>	Communal Septic	<input type="checkbox"/>	<input type="checkbox"/>	Private Septic

FOR OFFICE USE ONLY	
Credits for existing Construction (calculated as per By-law 82-2012):	_____
Units required for proposed construction (calculated as per By-law 82-2012):	_____



AUTHORIZATION OF OWNER(S)

If someone other than the registered owner(s) of the property is making this application, then this section must be completed. If there is more than one registered owner, separate authorization is required from each individual or corporation.

I/We, _____ the undersigned,

hereby authorize _____
(print full name, including company, if any)

to submit the enclosed application to the Corporation of the Township of Russell, and to appear on my/our behalf at any hearing(s) of the application, and further, to provide any information or materials required by the Township of Russell relevant to the application.

DECLARED BEFORE ME

at the _____ of _____
(town, city, village, etc.) (Embrun, Limoges, Marionville, Russell)

this _____ day of _____, _____
(Day of the month) (Month) (Year)

Signature of Owner(s)

Signature of Owner(s)

A Commissioner, etc.



DECLARATION

This section is to be completed by the person carrying out this application (i.e. the registered property owner or the authorized applicant). **Note that if the applicant is not the registered owner, the “Authorization of Owners” form must also be completed.**

I, _____ of the _____
(name) (town, city, village, etc.)

of _____,
(Embrun, Limoges, Marionville, Russell, etc.)

solemnly declare that all the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

DECLARED BEFORE ME

at the _____ of _____
(town, city, village, etc.) (Embrun, Limoges, Marionville, Russell, etc.)

this _____ day of _____, _____
(Day of the month) (Month) (Year)

Signature of Authorized Applicant(s) or Owner(s)

Signature of Authorized Applicant(s) or Owner(s)

A Commissioner, etc.