



**100 Mile House**

385 Birch Avenue, P.O. Box 340, 100 Mile House, British Columbia Canada  
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**Application for Sewer, Water, Storm Sewer, and Access/Culvert**

Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Lot No. \_\_\_\_\_ Plan No. \_\_\_\_\_ D.L. No. \_\_\_\_\_

Civic Address: \_\_\_\_\_

**Sanitary Sewer:**

Size of Connection: \_\_\_\_\_ Connection Fee: \$ \_\_\_\_\_

Installation and Inspection Comments: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**Water:**

Size of Connection: \_\_\_\_\_ Connection Fee: \$ \_\_\_\_\_

Installation and Inspection Comments: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**Storm Sewer:**

Size of Connection: \_\_\_\_\_ Connection Fee: \$ \_\_\_\_\_

Installation and Inspection Comments: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**Access/Culvert:**

Size and Length: \_\_\_\_\_ Installation Fee: \$ \_\_\_\_\_

Installation and Inspection Comments: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

I, \_\_\_\_\_,  
The registered owner of the above mentioned property hereby apply for the following service permits:  
 sanitary sewer,  water,  storm sewer and/or an  access/culvert in the locations specified by  
Community Services.

I having hereby applied to the District for the above listed services further agree to comply with all the  
District Bylaws and amendments thereto and such other Bylaws as may be in effect or may be  
passed by the District Council in the future, relating to the services, or charges.

I hereby agree that I will complete the above listed services on my property subject to the regulations  
then in force as mentioned in the above noted Bylaws.

All excavations must conform to current WCB regulations. Initial \_\_\_\_\_

\* 24 Hours notice must be given to the Director of Community Services before commencement of  
work. All works must be inspected by the District before backfilling. Initial: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent