



HALIFAX WATER
 450 Cowie Hill Road, PO Box 8388, RPO CSC
 Halifax, Nova Scotia B3K 5M1
 Fax: (902) 490-1584
www.halifaxwater.ca

West 490-6915
 East 490-4803, 490-5678
 Central 490-5671, 490-5755
 490-5438

NEW SERVICES & RENEWAL APPLICATION – Page 1 of 2

*****IT IS THE RESPONSIBILITY OF THE APPLICANT/OWNER TO SECURE THE REQUIRED PERMITS FROM HRM***
 PLEASE SEE THE SECOND PAGE OF THIS APPLICATION – BOTH PAGES MUST BE COMPLETED IN FULL**

APPLICANT MUST FILL OUT THIS SECTION & THE SECOND PAGE

Date _____ Building Permit # _____
 Street _____ Region (if applicable) _____
 Lot # _____ Civic # _____ Subdivision _____
 New Service Yes No Water Yes No Type Residential
 Renewal Yes No Sanitary Yes No Commercial
 Storm Yes No Industrial
 Culvert Yes No Institutional
 Septic System Yes No
 Owner _____
 Address _____
 Phone _____ Fax # _____
 Applicant (if not owner) _____
 Phone # _____ Fax # _____

THE FOLLOWING SECTION IS FOR OFFICE USE ONLY

NSA #: _____
 Material Provided: _____
 Pressure Reducing Valve Required Yes _____ No _____
 Backflow Prevention Device Required Yes _____ No _____
 Pressure Boosting Pump Required Yes _____ No _____
 Existing Lateral to be Abandoned Yes _____ No _____
 Sanitary Check Valve Yes _____ No _____
 Sanitary Pump Yes _____ No _____

<u>TYPE</u>	<u>SERVICE SIZE</u>	<u>MAIN SIZE</u>	<u>MAIN TYPE</u>
Public Tapping	_____	_____	_____
Main Tapping	_____	_____	_____
Hydrant Tapping	_____	_____	_____
Sprinkler Tapping	_____	_____	_____

<u>FEES</u>		
Lateral(s) Inspection (min)	_____	\$ 90.00
Tapping Service	_____	
Capital Cost Contribution	_____	
TOTAL FEE	_____	(HST Included)

Received By _____ Date _____
 Approved By _____ Date _____
 (Engineering Department)

		<u>Fax #</u>	<u>Phone #</u>
GL #	West Region	13517-5500	490-6912
	East Region	23518-5500	490-6933
	Central Region	33519-5500	869-4319

Tapping & Service Completion Date _____ Inspected By _____

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APPLICANT TO INDICATE ON PLAN (all applicable items)

- Location of building(s)
- Location of garage(s)
- Location of driveway(s)
- Location of retaining walls
- Location of water lateral & service box
- Location of sanitary sewer lateral (indicate gravity or pumped)
- Location of storm sewer lateral
- Location of culvert(s)
- Location of septic field and distance to building
- Proposed location of service laterals to building
- Any other significant features

