



**Commercial Servicing Cost-Share
Application Form**

Applicant's name _____

Property owner's name _____

Civic address of serviced lot _____

Property number _____

Primary phone _____ Secondary phone _____

Name of person/company to be reimbursed _____

Mailing address _____

Contractor Name _____

Cost Submitted \$ _____ * Note: Cost submitted is cost from main to property line only

Length of water service (in metres): _____

Length of sewer service (in metres): _____

Length of fire protection service (in metres): _____

Sewer service check valve installed: yes no

APPLICANT CHECKLIST (you must submit the following with completed application form)

Copy of paid invoice itemizing the installed services

I DO SOLEMNLY DECLARE:

1. That the statements contained in this application are true and made with full knowledge of the circumstances connected with the same.

Signature of Applicant

Date

OFFICE USE ONLY

Municipal Engineer Approval: _____ Date: _____

Final Inspection Date: _____

Development Officer Approval: _____ Date: _____

Amount to be reimbursed: \$ _____ Account Number: _____