

Application to Install a Private Water and Sewage System

For Office Use Only

Referral No.

APPLICANT INFORMATION (PLEASE PRINT IN INK)

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Name of Applicant(s)		
Mailing Address (P. O. Box)	Street Address	City/Town
Postal Code	Telephone	Fax
Business/Mailing Address (P. O. Box)		City/Town
Postal Code	Telephone	Fax

IF SUBMITTED BY AGENT/APPROVED DESIGNER OR PERSON OTHER THAN APPLICANT:

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Name	Approved Designer #	
Address (P. O. Box)		
Postal Code	Telephone	Fax

Describe proposed/existing development: Complete all sections that apply to your development

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(A) # of bedrooms in single family dwelling	(B) # of bedrooms in basement apartment of single family dwelling
(C) Food Premises <input type="checkbox"/> Commercial <input type="checkbox"/> Duplex <input type="checkbox"/> Other <input type="checkbox"/> (Explain): _____	
(D) Basement plumbing for below-ground services <input type="checkbox"/>	
Number and use of existing structures on building lot (if applicable):	
(E) use _____ size _____ x _____ set back from road centre _____	
(F) use _____ size _____ x _____ set back from road centre _____	
(G) dwelling: # of bedrooms _____ Apartment? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, how many bedrooms? _____	

Location of Proposed Development:

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Number	Street Name	GPS Latitude	GPS Longitude
or give distance from prominent land mark to nearest tenth of a kilometer (or road name (i.e., 1.5 km from post office))			Municipality (or nearest community)
It is essential that the proposed site be marked with corner posts or stakes with the applicant's name or some means of identification such as a coloured flag, etc.		Please state type of marking and the name on the marking	

Size of Land Development

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Area	Frontage	Depth
m ² /ft ²	m/ft	m/ft

Land Ownership

6

Crown Land	Private
Application Number	

Water Supply and Sewage Disposal

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Please describe proposed method of water supply and sewage disposal system

If existing, please describe

Vegetation

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Type of vegetation (forest, scrub, barren, cleared, etc.)

Present use of adjacent land (Residential/Commercial/Unused/etc.)

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East side	West side	North side	South side
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I, _____, do solemnly declare that the plans, specification, and statements herein contained in this application are to the best of my knowledge true and accurate. I further declare that the sewage disposal system and water supply are or will be installed in conformity with the requirements of the Department, if the development as proposed is approved. I also agree that failure to comply with the requirements of the Department could render an approval null and void.

Dated at _____ this _____ day of _____ 20____ (City/Town) (Month) (Year)

Witness (Applicant's Signature) To be Signed by Applicant Only

Please complete the location plan on reverse or forward a survey plan with this application

Location Plan (Note: if you answer "yes" to any of the below, please indicate location of item on sketch below)

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1. Is there farming operation within a 610 meter (2000 ft) radius of your building lot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is the land part of a designated watershed area?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
3. Are there natural watercourses, streams, rivers, ponds, etc. Within 30 meters (100 ft) from your land boundaries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are there natural watercourses, etc. Crossing or on your building lot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

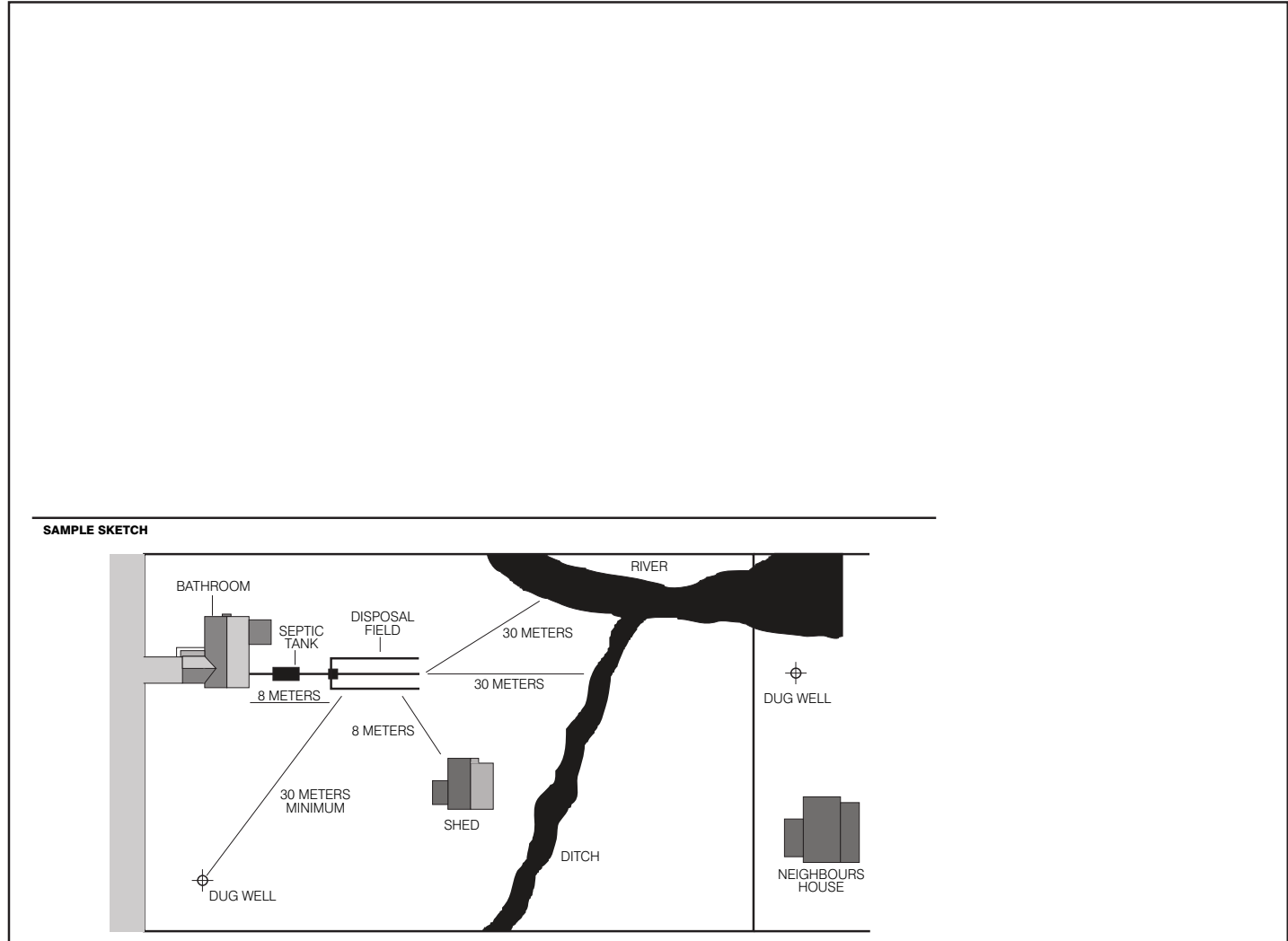
Your sketch should also provide the following information:

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1. Size of land (dimensions)	6. Proposed or existing location of sewage disposal system
2. Location of house	7. Distance to nearest landmark
3. Location of bathroom	8. Entire floor plan (include <u>all</u> floors) for the proposed dwelling/establishment
4. Location and type (dug or drilled) well	9. Basement and below ground-level pipes/plumbing (if applicable)
5. Location and type of wells on adjacent or neighbours property	

Please draw sketch here:

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Please return completed application to one of the Government Service Centre offices listed below.

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<p>MOUNT PEARL Motor Registration Building P. O. Box 8700 St. John's, NL A1B 4J6 Telephone: (709) 729-6362 Facsimile: (709) 729-3980</p>	<p>HARBOUR GRACE P. O. Box 512 7-9 Roddick Crescent Harbour Grace, NL A0A 2M0 Telephone: (709) 945-3107 Facsimile: (709) 945-3114</p>	<p>CLARENVILLE 8 Myers Avenue, Suite 201 Clarenville, NL A5A 1T5 Telephone: (709) 466-4060 Facsimile: (709) 466-4070</p>	<p>GANDER Fraser Mall, 230 Airport Blvd. P. O. Box 2222 Gander, NL A1V 2N9 Telephone: (709) 256-1420 Facsimile: (709) 256-1438</p>
<p>GRAND FALLS-WINDSOR 3 Cromer Avenue Grand Falls-Windsor, NL A2A 1W9 Telephone: (709) 292-4206 Facsimile: (709) 292-4528</p>	<p>CORNER BROOK Sir Richard Squires Building Corner Brook, NL A2H 6J8 Telephone: (709) 637-2860 Facsimile: (709) 637-2905</p>	<p>HAPPY VALLEY-GOOSE BAY 2 Tenth Street P. O. Box 3014, Stn. "B" Happy Valley-Goose Bay, NL A0P 1E0 Telephone: (709) 896-5428 Facsimile: (709) 896-4340</p>	

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