SCHEDULE "C" - PERMIT APPLICATION

OFF-SITE PUMPING PERMIT APPLICATION

Off-Site Pumping Bylaw C-7141-2012

Date:	Application Number:
Name of Applicant(s):	*
Home Phone Number:	Alternate Number:
Mailing Address:	
Are you the sole registered owner	of the Property? Yes No
If no, name and address of registe	red owner(s) of the Property:
Name (s):	
Mailing Address:	
	r of the Property or if you are not the sole registered owner of the of the written consent of all registered owners of the Property to this
Consent attached: Yes	No
Legal Land Description of the Pro	perty:
Municipal Address of the Property	y:
	tion of the Municipal Property and/or other Private Property te pumping or Stormwater discharge:
Legal Land Description of the Pro	perty:
Location and/or Municipal Addre	ss of the Property:
D . 1.1 1 ()	Private Property, name(s) of registered owner(s) of the Private

Name (s):	
Home Phone Number:	Alternate Number:
Name (s):	
Home Phone Number:	Alternate Number:
Name (s):	
Home Phone Number:	Alternate Number:
If the Permit involves other Private Property, you mu registered owners of the other Private Property for the	
Consent attached: Yes No	
Nature and quality of Stormwater to be pumped:	
Proposed daily flow rate:	
Duration of Off-Site Pumping:	F. J.D.A.
Start Date: Explanation of why the Permit is being requested:	End Date:
General Manager, Infrastructure and Operations	Date of Decision: Permit Refused Permit Granted Permit Attached