



TOWN OF KINDERSLEY

APPLICATION NUMBER: _____
Permit Fee: \$50.00

MUNICIPAL INFRASTRUCTURE SERVICES APPLICATION

APPLICANT: Property Owner Contractor
 NAME: _____ Email: _____
 Mailing Address: _____ P.O.Box # _____ Postal Code _____
 Phone #: _____ Cell: _____ Fax: _____
 Property OWNER NAME: _____ Phone #: _____

PROJECT ADDRESS: _____
 (Civic Address #) (Street Address) (East/West/Rosedale/Main Street /Industrial)
 Lot _____ Block _____ Registered Plan _____

SCOPE OF WORK:

Item	Description	Quantity	Requirement with Application
Water Service	¾ inch (19 mm)		1. Site Plan to Scale 2. Design Drawing for Service Connection
	1 inch (25 mm)		
	Other: _____		
Sanitary Sewer Service	4 inch (100 mm)		1. Site Plan to Scale 2. Design Drawing for Service Connection
	6 inch (150 mm)		
	8 inch (200 mm)		
Storm Water Service	12 inch (300 mm)		1. Site Plan to Scale 2. Design Drawing for Service Connection
	16 inch (400 mm)		
Culvert	12 inch (300 mm)		1. Site Plan Drawn to Scale
	16 inch (400 mm)		
Sidewalk Panels	Per Square Meter		1. Site Plan to Scale
Curb and Gutter	Per Linear Meter		1. Site Plan to Scale
Driveway Apron	Per Square Meter		1. Site Plan to Scale
Gravel Approach	Per Linear Meter		1. Site Plan to Scale
Other:			

Proposed Commencement for Construction: DD / MM / YYYY Proposed Completion Date: DD / MM / YYYY

Site Plan Attached. Yes No Design Drawing Attached. Yes No

I confirm that any, and all construction will meet:

- Town of Kindersley Master Specifications <https://kindersley.ca/getFileByName/Master%20Specifications.pdf> : Yes No
- Town of Kindersley Design Standards <https://kindersley.ca/getFileByName/Design%20Standards.pdf> : Yes No

I acknowledge that I am responsible for returning municipal property to its previous or better than previous condition. I also acknowledge that it is the applicant's responsibility to ensure compliance with any other applicable bylaws, acts and regulations, and to obtain the required permits and approvals prior to the commencement of work. I also agree that all costs are to be borne by the applicant.

Date: DD / MM / YYYY Applicant Signature: _____

***** OFFICE USE ONLY *****

APPLICATION RECEIVED DATE: DD / MM / YYYY APPLICATION FEE: \$ _____ FEE RECEIVED DATE: DD / MM / YYYY

Damage Deposit Required: Yes No Deposit Amount: \$ _____

1. APPROVED, subject to the following STANDARDS and CONDITIONS:

2. NOT APPROVED, for the following REASON(S):

Date: DD / MM / YYYY

Town's Authorized Officer Signature