

Charlottetown Water & Sewer Utility

P.O. Box 98
Charlottetown, PE
C1A 7K2

Application for Service

Phone: 902-629-4014
902-629-4015
Fax: 902-894-7094

1. **Application is hereby made to the Charlottetown Water and Sewer Utility for the following service and work:**

Inspection of: Water and/or Sewer Installation. New Replacement Repair
Inspection of Sprinkler Installation: Inspection of Sprinkler Repair: Size: _____
Installation of Sprinkler: Size: _____

Is it a duplex with 1 or 2 services? Explain: _____

Other: (Switch from Well/Septic/Etc) _____

Street Name and No.: _____ **Sub Division:** _____

_____ **Lot #** _____ **Property #** _____

2. **By signing this application for service, the applicant confirms that He/She has read and agrees to follow the Charlottetown Water and Sewer Utility - Minimum Standard of Acceptability for Water and Sewer Connections.**

3. The Charlottetown Water & Sewer Utility will carry out the above work and a deposit in the amount of the estimated cost of the work and/or inspection will be made before the work commences. It is understood that adjustment of the actual cost will be made on completion of the work.

4. It is agreed that should an outside contractor be engaged to perform the work, Utility approval is required and the Utility will be notified before work commences in order to approve and inspect the installation. It is further agreed the applicant will pay all inspection charges related to the installation for which a deposit is to be made to the Utility.

5. **NO WATER AND/OR SEWER SERVICE WILL BE PROVIDED UNTIL THE UTILITY HAS BEEN PROVIDED WITH A CERTIFICATE OF APPROVAL ISSUED BY THE PROVINCIAL PLUMBING INSPECTOR AND ALL CHARGES FOR THE WORK ARE PAID. IT IS THE RESPONSIBILITY OF THE APPLICANT TO OBTAIN THIS CERTIFICATE.**

6. **ALL TURN-ONS FOR WATER MUST BE DONE BY THE CHARLOTTETOWN WATER & SEWER UTILITY.**

7. **Applicant must contact the Engineering Department at 629-4014 before commencing construction.**

8. **Service Classification:**

Single Family Residential _____ (Flat Rate), Duplex _____ (Flat Rate), Metered _____

Commercial/Multi-Unit/Institutional _____ Other _____ (Metered Rate)

Number of Units (if applicable): _____

9. **Standard Service Type:** 19-mm water High Pressure _____ or Low Pressure _____ & 100 sewer (3/4" and 4")

Other Size: Water _____ Sewer _____ (Deposit Required: Yes No)

10. **Service Information**

Meter _____ Idler _____ Swimming Pool: Yes No

11. **A site copy or plot plan is required at the time of application.** **Site Copy Provided: YES NO**

ACCOUNT CUSTOMER: _____

Mailing Address: _____ Phone #: _____

Billing Address: _____

Construction Customer for **INVOICING ONLY:** _____

Address: _____ Phone # _____

Service Contractor: _____ Phone #: _____

Plumber: _____ **Phone #:** _____ **Plumbing Permit #:** _____

Applicant: _____ **Signature:** _____ **Phone #:** _____

Date: _____ **Deposit Rendered:** _____ **P.O.#:** _____

Paid by & how (Visa/Master Card/American Express/Debt/Cash/Cheque): _____

Additional Information:

FOR OFFICE USE ONLY:

Inspection Work Order # _____ Installation Work Order # _____ Meter W.O. # _____

Account # _____ Turn-on/off Repairs # _____ Application # _____