



**REGIONAL DISTRICT
of Fraser-Fort George**

**COMMUNITY SANITARY SEWER SYSTEM
APPLICATION FOR CONNECTION**

SITE:

DATE:

Please ensure that you read this application thoroughly and complete each section shaded in gray.

Property Owner(s):	_____	
	<i>(The "Owner(s)")</i>	
Mailing Address:	_____	
	_____	Telephone No. _____
	<i>(postal code)</i>	
	Email: _____	
Property to be Connected: (Street Address):	_____	
Legal Description:	_____	
	<i>(The "Property")</i>	

The Owner(s) hereby applies to the Regional District of Fraser-Fort George (the "Regional District") for permission to connect to the community sewage collection system.

In consideration of connection to the main, the Owner(s) agrees that the terms and conditions set out on the following pages form part of this Connection Permit and the Owner(s) agrees to comply fully with and be bound by those terms and conditions.

The Owner(s) agrees to release, indemnify, and save harmless the Regional District of Fraser-Fort George from and against any claims, liability, costs, and other harm which any person may have due to the issuance of this agreement.

The Owner(s) agrees that all construction costs associated with the connection, including excavation and materials, are the responsibility of the property owner(s).

The Owner(s) agree to payment of connection fee (\$100.00).

Please email to environment@rdffg.bc.ca.

Dated this ____ day of _____, 20 ____	
_____	_____
(Owner's signature)	(Witness' signature)
_____	_____
(print name)	(print name)
_____	_____
(Owner's signature)	(Witness' signature)
_____	_____
(print name)	(print name)

PERMISSION TO INSTALL, CONNECT, COVER AND USE SEWAGE SYSTEM

Part 1 – Permission to Install and Connect to Main System

Start date for excavation & installation:	_____
Name of Contractor performing works:	_____
Contractor's contact number:	_____

This permit is hereby issued as of the ____ day of _____, permitting the owner to install and connect a sewage disposal system subject to the terms and conditions attached.

Regional District of Fraser-Fort George or Designate

(Authorized Signature)

Part 2 – Permission to Cover and Use Main System

Preferred Date for inspection:	_____
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Actual Date of inspection: _____

System inspected by: _____

This permit is hereby issued as of the ____ day of _____, permitting the owner to cover (backfill) and use the Community Sanitary System subject to the terms and conditions attached and any special remarks noted here:

Regional District of Fraser-Fort George or Designate

(Authorized Signature)