

**COLUMBIA SHUSWAP REGIONAL DISTRICT WATERWORKS
REGULATIONS AND RATES BYLAW NO. 5632**

SCHEDULE "C"

APPLICATION FOR EXTENSION TO WATER SYSTEM

Name of Applicants/Owners: _____

Contact Information: _____

Legal Description of Property _____

Physical Address of Property _____

Name of Water System _____

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- i) Property Title or Notice of Assessment for the property(s)
- ii) Map showing the location of the property(s) in relation to the existing service area boundary

I hereby make Application for Extension to the Water System pursuant to Columbia Shuswap Regional District Waterworks Rates and Regulations Bylaw and declare the information contained herein is to the best of my knowledge, factual and correct. It is understood that the information collected above will be used for the processing of this application and that this application may not be considered if the property(s) is not contiguous to the existing service area boundary.

I acknowledge that my application is subject to approval by the Regional District and that connection will not be approved until a formal assent process has been completed to allow for the inclusion of the property(s) into the service area. The formal assent process is concluded only when a bylaw amendment to the service area is adopted by the Board of the Regional District.

I acknowledge that, if my application is approved, I will be responsible for all fees payable to the Regional District associated with connection to the water system including a contribution to reserves, connection fee and annual water rates.

I acknowledge that I will engage a qualified engineer to design infrastructure required to connect my property to the CSRD water system, have the design reviewed and approved by CSRD engineers at my expense, and have the infrastructure constructed by qualified contractors under the supervision of the design engineer, all at my expense.

I agree to comply with the provisions of Columbia Shuswap Regional District Waterworks Regulations and Rates Bylaw if my application is approved.

Date: _____

Signature: _____