



LAURENTIAN VALLEY TOWNSHIP
460 WITT RD, PEMBROKE, ON K8A 6W5
Tel: 735-6291 Fax: 735-5820
ROADS DEPARTMENT

APPLICATION TO PERMIT SERVICE CONNECTION
TO BE SUBMITTED TO: Morris Schneider, Roads Superintendent

Owners Name: _____

Address: _____

Phone Number: _____

Contractor's Name: _____

Address: _____

Phone Number: _____

LOCATION OF PROPOSED CONNECTION: [] Water [] Sewer or [] Both

▶ Street _____

▶ Lot _____ Concession _____ Plan # _____

▶ Side of Road: East _____ West _____ North _____ South _____

▶ Location Description: _____

SITE PLAN:

I agree to install or have my contractor install the above noted connections according to Municipal By-Laws and MOE Regulations. I also agree to call a minimum of 24 hours in advance for the required inspections.

Signed: _____ Date: _____

Office Use Only

Payment of Fee \$ _____ Received By: _____ Date: _____

Roads Superintendent Approval: _____ Date: _____