



Date Received	
Received By	

**Department of Infrastructure and Emergency Services
Application for Wastewater Service**

Name:	
Civic /PID:	
Mailing Address:	
Telephone:	
Email:	
Contractors Name:	
Contractors Telephone:	
Size of Service Requested (if larger than 4"):	
Building Permit Number:	
Development or Subdivision:	Y / N

Sketch of PID with preferable locations of services

Application must be received a **minimum** of 4 weeks in advance of installation.
Please include preference for sewer hook-up location. Location will ultimately be at the discretion of the Municipality.

Office Use Only		
Requirements	Circle Y/N	Notes
TIR Permit Approved	Y / N	
Bell Aliant Locates	Y / N	
Pump Required	Y / N	
New Service	Y / N	
Replacement Service	Y / N	
Directional Drill Required	Y / N	
Part of Development or Subdivision	Y / N	
Traffic Control Required	Y / N	

Please return form to: Krista.MacInnis@invernesscounty.ca
Or by mail at: 375 Main Street, PO Box 179 Port Hood, NS B0E 2W0
Phone: 902-787-3503
www.invernesscounty.ca