

MUNICIPALITY OF THE COUNTY OF INVERNESS

375 Main St (PO Box 179)
Port Hood, Nova Scotia B0E 2W0
Phone: 902-258-7188 (Public Works Administrator)
Email: water.sewer@invernesscounty.ca
Hours: Monday – Friday 8:30 am – 4:00 pm



APPLICATION FOR MUNICIPAL WATER & WASTEWATER SERVICES

Application submission

Complete this form and submit to water.sewer@invernesscounty.ca for all water and wastewater service requests. Incomplete submissions may delay the review of service applications.

If you require assistance with the application process, please email inquiries to the above email address and municipal staff will respond to your inquiry.

Applications must be received a ***minimum of 4 weeks*** in advance of installation. Signed letters will be issued following review of the application. Approvals for new services and connections for new construction are only valid in conjunction with a valid building permit. Service installations take place during the annual construction season between May and October.

Property information

PID:

Civic Address (*if available*):

☐ Check box if application is for a planned subdivision or large-scale development.

Applicant contact information

Name:

Date:

Email:

Telephone:

Mailing Address:

Note: If the applicant is not the owner of the property, a signed letter from the property owner granting permission to submit an application on their behalf is required.

Contractor information

Name:

Email:

Telephone:

Authorization

Applicant signature:

Date:

By signing above, you acknowledge that the information included is true, accurate, and complete to the best of your knowledge.

Description of service request

Service Requested: (check all that apply)

Water:

- ☐ New connection
 - ☐ New building
 - ☐ Existing building
- ☐ Replacement/Repair of existing service
- ☐ Removal/Disconnection

Service size: _____ (minimum ¾")

Estimated service length (from property line to proposed building): _____

Wastewater:

- ☐ New connection
 - ☐ New building
 - ☐ Existing building
- ☐ Replacement/Repair of existing service
- ☐ Removal/Disconnection

Service size: _____ (minimum 4")

☐ Pumped wastewater service

Estimated service length (from property line to proposed building): _____

Purpose of lateral: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Single dwelling | <input type="checkbox"/> Restaurant (seating capacity: _____) |
| <input type="checkbox"/> Mobile home | <input type="checkbox"/> Hotel (no. of rooms: _____) |
| <input type="checkbox"/> Duplex/Semi-detached | <input type="checkbox"/> Office (no. of employees: _____) |
| <input type="checkbox"/> Apartments (no. of units: _____) | <input type="checkbox"/> Other: _____ |

Additional notes:

Location plan or sketch: Attach or include below a sketch showing the proposed building footprints, property lines, preferred location of services, proposed site servicing plan, and any other items of note that may impact service installation. Indicate distance from property lines or from road centreline.

Final service location will ultimately be at the discretion of the municipality.

☐ Check box if water or wastewater services are proposed to cross another PID