



# Chippewas of Kettle and Stony Point First Nation

## Public Works Department

9390 Center Road, Kettle and Stony Point First Nation, ON, N0N1J1  
/ Tel: 519-786-4552 / Fax: 519-786-5433 / Email: kspworksdept@kettlepoint.org /

### WATER/SEWER SERVICE CONNECTION PERMIT

Office to Complete PERMIT NO.

THE UNDERSIGNED HEREBY APPLIES FOR WATER  SEWAGE

<b>Applicant/Owners Name:</b> _____ _____	<b>Address:</b> _____ _____	<b>Phone:</b> Business: _____ Cell: _____
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Address to be serviced: _____	Lot No. _____	911 Address : _____
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Cross Street: \_\_\_\_\_ and \_\_\_\_\_

Water Service: \_\_\_\_\_ mm \_\_\_\_\_ mm  
Residential/Commercial/Industrial Fire

Sanitary Service:  
\_\_\_\_\_ mm

Fees: (Note: Fees – Based on Service Connection Information Sheet)	Account Information (OFFICE TO COMPLETE)
Service Connection: \$ _____ (Water Meter Included)	_____
Sewer: \$ _____	_____
Total Fees: \$ _____	_____

If no connection is required to the communal sewage system and the building/residential unit being applied for water connection has a septic system, has the building/residence have an Environmental Public Health Officer Approved Septic System?  
Yes  No

If Yes, please attach the document provided to you by the Environmental Public Health Officer or other authorized community representative document. If no, a connection will not be permitted until a septic system has been approved by parties authorized to.

A copy of this connection permit and payment receipt MUST be presented to the Public Works Program Manager and Finance Comptroller when applying for a water service connection permit. No works may commence prior to obtaining a Permit.

**NOTE:** The First Nation requires 10 business days advance notice prior to service connection for inspection purposes and installation of the meter and outside readout. The owner of the property is responsible for any restoration or damages of First Nation or private property resulting from the service connection installation. Special and emergency service connections will be given on a case by case basis. Should a service be provided to other residential, commercial and Institutional properties that are not included in this application, the Applicant/Owner acknowledges that the First Nation has the authority to disconnect services until a new application and fees are submitted to meet the new water capacity requirements.



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Lot Line	Property Address	Indicate North
Street Line		
Street Line		
[ INDICATE APPROXIMATE LOCATION OF PROPOSED SERVICE(S) ]		

Applicant/Owner: \_\_\_\_\_ Submission Date: \_\_\_\_\_

First Nations Health Officer: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Finance Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Public Works Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_