



(INTERNAL)

Off-Site Service Request Form

District of Squamish
 37955 2nd Avenue, PO Box 310
 Squamish, BC V8B 0A3
 604.815.5012 www.squamish.ca

Date of Request

TYPE OF SERVICE:

Disconnect

Upgrade

New Install

IMPORTANT: A Building Permit (including demolition) cannot be issued to an Applicant until off-site services are confirmed including any additional off-site services' costs.

STEP 1: BUILDING INSPECTOR NAME:		Step 1 Completed Date:
Site Contact Name:		Site Contact Phone:
Home Owner/s Details:	Names:	Phone Number:
	Mailing Address:	
Civic Address: _____		
Lot No. :	Block:	District Lot: _____ Plan No.:
Off-site Services required on this project:		
Water	<input type="checkbox"/> No <input type="checkbox"/> Yes	No. of Fixture Units: _____
Storm Sewer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Sprinkler size if required: _____
Sanitary Sewer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Water service pipe size: _____
Project Details:		

BUILDING INSPECTOR: SEND FILLABLE FORM TO GIS TO COMPLETE STEP 2

STEP 2: GIS /ENG TECH TO COMPLETE THIS SECTION	Step 2 Completed by GIS Date: Initials:	Step 2 Completed by ENG Date: Initials:
A. WATER CONNECTION DETAILS:		
Existing Water? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, size: _____
Existing Meter Box? <input type="checkbox"/> No <input type="checkbox"/> Yes		Notes: _____
Existing Meter? <input type="checkbox"/> No <input type="checkbox"/> Yes		Notes: _____
Paving Patch Required? <input type="checkbox"/> No <input type="checkbox"/> Yes		Notes: _____
B. STORM SEWER CONNECTION DETAILS:		
Existing Storm Sewer? <input type="checkbox"/> No <input type="checkbox"/> Yes		Notes: _____
Clean-out Required? <input type="checkbox"/> No <input type="checkbox"/> Yes		Notes: _____
Existing Size? _____ mm		Notes: _____
Existing Ditch? <input type="checkbox"/> No <input type="checkbox"/> Yes		Notes: _____
Paving Patch Required? <input type="checkbox"/> No <input type="checkbox"/> Yes		Notes: _____

C. SANITARY SEWER CONNECTION DETAILS

Existing Sanitary Sewer? No Yes

Notes: _____

Clean-out Required? No Yes

Notes: _____

Existing Size? _____ mm

Notes: _____

Paving Patch Required? No Yes

Notes: _____

Is an upgrade required? (any water upgrade up to 25 mm / 1" incurs 'Basic Cost'; estimate required for > 25 mm / 1")

YES – Scan to DS Mailbox and notify Operations to complete cost estimate below.

NO – Building Inspector complete total cost to Applicant below.

STEP 3: ENGINEERING OR OPERATIONS TO COMPLETE THIS SECTION	<input type="checkbox"/> Step 3 Completed
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A. WATER CONNECTION COSTS:		Quote Provided By: _____
Materials: \$ _____		Date: _____
Equipment: \$ _____		NOTES: _____
Labour: \$ _____		_____
Other: \$ _____		_____
Subtotal: \$ _____		
B. STORM SEWER CONNECTION COSTS:		Quote Provided By: _____
Materials: \$ _____		Date: _____
Equipment: \$ _____		NOTES: _____
Labour: \$ _____		_____
Other: \$ _____		_____
Subtotal: \$ _____		
C. SANITARY SEWER CONNECTION COSTS:		Quote Provided By: _____
Materials: \$ _____		Date: _____
Equipment: \$ _____		NOTES: _____
Labour: \$ _____		_____
Other: \$ _____		_____
Subtotal: \$ _____		
TOTAL COST:	\$ _____	

STEP 4: D.S. CLERK TO COMPLETE THIS SECTION	Step 4 Completed Date: _____ Initials: _____
Total Amount Paid: _____	
Receipt No. _____	
Receipt Date: _____	
Payer Details:	
Name: _____	
Phone Number: _____	
Mailing Address: _____	

D.S. CLERK: SEND FILLABLE FORM TO DS REQUESTS TO COMMENCE SERVICES' INSTALLATION WORK

STEP 5: OPERATIONS TO COMPLETE THIS SECTION	<input type="checkbox"/> Step 5 Completed
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Yes, Operations has notified the Applicant of the installation dates and confirmed installation locations.

INSTALLATION OF SERVICES COMPLETED BY OPERATIONS:

	Date Installed:	Installed By (full name):
Water:		
Sanitary:		
Storm:		

ANY RELEVANT FORMS TO BE ANNEXED AFTER THIS PAGE.

General Notes for this file