BURNESS AND A SCOTH	Municipality of the	Phone: 678-6141 N 3W3 Fax: 679-0911
OWNER INFORMATION	Owner Name	
Deposit Paid By:	Mailing Address:	
Telephone Number:	Cel	l: PID:
Address of Water Connec	tion:	Civic Number:
Water Utility: <u>Town of Kentville Water Commission</u>		
I, the Owner, agree to the conditions of the Water Capital Recovery By-Law #100 and agree to the estimated Capital Contribution Charge of <u>\$11,891.12.</u>		
Date:	, 2023.	Signature of Owner
Phone:	Fax:	Email:
ENGINEER'S APPROVAL. FOR OFFICE USE ONLY Assessment Account # PERMISSION IS HEREBY GRANTED under the Water Capital Recovery By-Law #100.		
Approved	20	Deposit Amount: (\$1,768.83 minimum) Initial Paid Special Conditions:
Approved	20	Administration of water billing process to be completed through the Town of Kentville.
Municipal Engineer The Municipality of the County of Kings		
Cheque No		
Cheque Date:		G/L Account # 21-4-427-350
Inspected by:		Date:
Comments:		
Approved for Release by:		Date:
Signature of Sender:		
Copy of Completed Permit to: File Water Utility Tax Clerk		