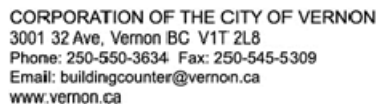


# SERVICE APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

PERMIT No: MP \_\_\_\_\_

<b>PROJECT ADDRESS:</b>	<b>FOLIO:</b>		
<b>SCOPE OF WORK</b>			
<b>PROPERTY OWNER</b>	<b>NAME:</b>	<b>ADDRESS:</b>	
<b>CONTACT INFORMATION</b>	<b>PHONE :</b>	<b>EMAIL:</b>	
<b>ASSIGNMENT OF AN AGENT</b>	LETTER OF AUTHORIZATION OR SCHEDULE 2 ATTACHED YES NO		
<b>ON SITE CONTRACTOR</b>	<b>NAME:</b>	<b>BUS LIC.#</b>	
<b>CONTACT INFORMATION</b>	<b>PHONE:</b>	<b>EMAIL:</b> <b>AS ABOVE:</b>	
<b>A PLUMBING PERMIT IS REQUIRED PRIOR TO CONNECTION TO SERVICES</b>	<b>PLUMBING PERMIT #</b>	<b>OR</b>	<b>N/A</b>
<b>SKETCH SHOWING DIMENSIONS TO PROPERTY CORNER OR IRON PIN ATTACHED</b>			
<b>IS THERE AN EXISTING SERVICE TO BE DECOMMISSIONED?</b>	<b>YES</b>	<b>NO</b>	
<b>BILLING OF UTILITIES</b>	<b>WATER, SEWER, GARBAGE AND RECYCLING CHARGES WILL COMMENCE <u>TWO MONTHS</u> FOLLOWING THE DATE OF PLUMBING PERMIT APPROVAL OR IMMEDIATELY AFTER INSTALLATION OF THE WATER METER, UNLESS AN APPLICATION TO DISCONTINUE SERVICES HAS BEEN RECEIVED BY THE CITY OF VERNON FINANCE DEPT.</b>		
<b>APPLICANT</b>	<b>PRINT NAME:</b>	<b>SIGNATURE:</b>	



## Page 2 of 2

	<b>COV OPERATIONS DEPARTMENT:</b>
<b>DATE OF SITE VISIT:</b>	
<b>DATE OF INSTALL:</b>	
<b>GL #:</b>	
<b>SERVICE CARD:</b>	
<b>UPDATE PROSPERO:</b>	
<b>REV: August2021</b>	
Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purposes of responding to your request.	

## SCHEDULE “2” APPOINTMENT OF AN AGENT (BYLAW #4900)

<b>SUBJECT PROPERTY ADDRESS:</b>		
<b>LOT#</b>	<b>PLAN#</b>	<b>FOLIO:</b>

<b>REGISTERED PROPERTY OWNER</b>	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL CODE:	E-MAIL:	CELL:
<b>OWNER'S AGENT</b>	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL CODE:	E-MAIL:	CELL:

I, the registered owner of the property identified above, hereby appoint the person identified above as my agent with authority to endorse on my behalf, applications, documents and permits and to represent me in all discussions with the City of Vernon staff in this regard.

*As the registered property owner, please initial beside applicable permit (s):*

APPLICATION TYPE	INITIAL	APPLICATION TYPE	INITIAL
Building		ALR	
Plumbing		Rezoning	
Demolition		OCP Amendment	
Development		Sign	
Development Variance		Access	
Subdivision		Tree Pruning / Removal	
Strata Conversion		Soil Removal/Deposition	
Site Profile		OTHER:	

**DATE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **OWNER'S SIGNATURE** \_\_\_\_\_

**Rev: JAN2019**

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.