



District of Barriere

P.O. Box 219, 4936 Barriere Town Road
Barriere BC V0E 1E0

District Office: (250) 672-9751 • Fax: (250) 672-9708
Website: www.barriere.ca • Email: inquiry@barriere.ca

WASTEWATER CONNECTION PERMIT

Permit No.		Permit Date	
Address of Connection:			
Legal Description:			
Registered Owner:			
Registered Owner's Address:			
City:		Postal Code:	Contact Phone:
Contractor:			
Contractor's Address:			
City:		Postal Code:	Contact Phone:
Type of Building: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial			

IMPORTANT NOTES TO APPLICANTS:

1. **A Permit & drainage pipe inspection is required prior to District of Barriere connection.**
2. **Drain pipe, drainage slope and connection must conform to BC Plumbing Code 2012.**
3. **An inspection of the installation is required to be performed by the District of Barriere prior to back filling. Advance notice to the District is required.**
4. **Sketch scale may be approximate. (Refer to sample sketch attached)**

I, the owner of the property which is the subject of this Permit, or the agent of the owner of the property which is the subject of this Permit, understand and agree that the owner of the property is fully responsible for carrying out, or causing to be carried out, all work which is contemplated under this Permit, if issued, to ensure compliance with the Plumbing Code, all applicable Bylaws of the District of Barriere and other applicable enactments. In consideration of the granting of this Permit, if issued, I, the owner of the property which is the subject of this Permit, or the agent of the owner of the property which is the subject of this Permit, agree to indemnify and save the District of Barriere harmless from any action or cost whatsoever arising out of or incidental to the granting of this Permit.

I have read and understand all requirements of this Permit.

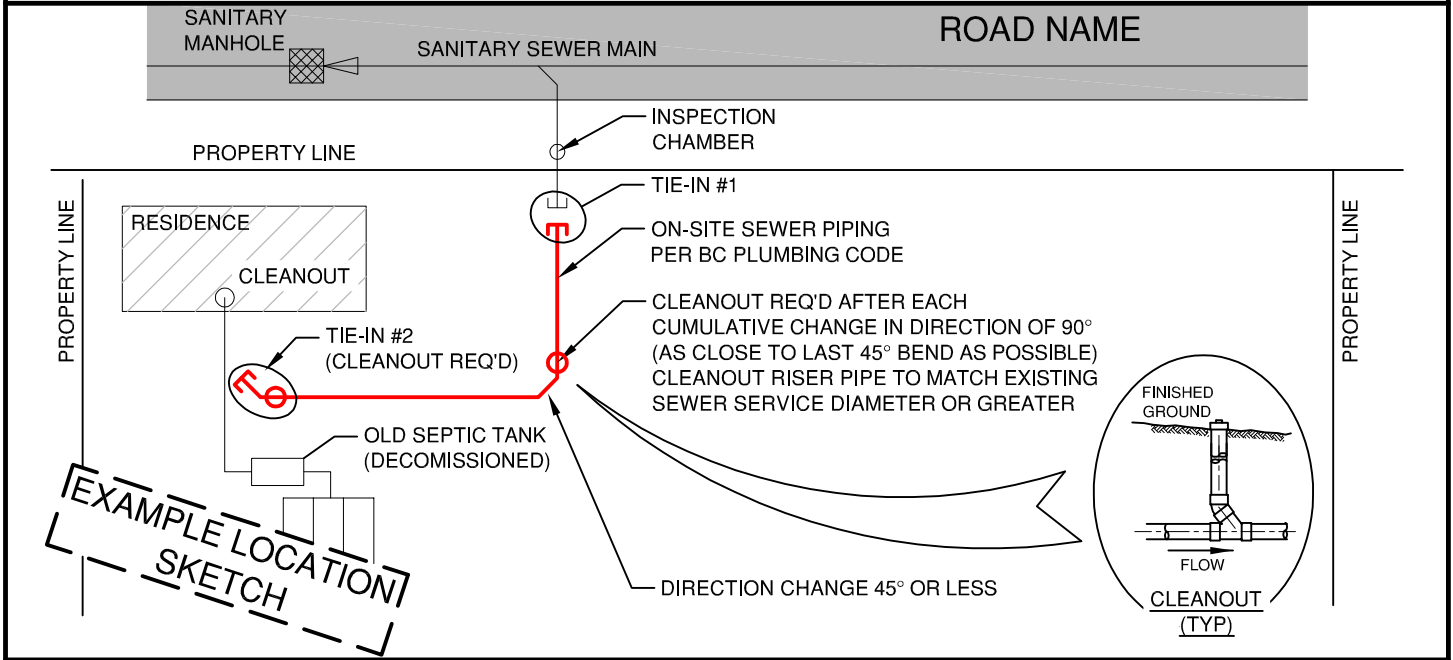
Applicant's Name (please print):		Contact Phone:	
Applicant's Signature:		Date:	

For Office Use

Permit Fee: n/a	Approved by D.O. B.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspector:	Date:		



DISTRICT OF BARRIERE WASTEWATER SERVICE CONNECTION SKETCH PLAN



SANITARY SEWER MAIN _____ ROAD NAME: _____

ADDRESS: _____
 SIGNATURE: _____ DATE: _____