



Wastewater and Water Residential Allocation Reservation Application Form

Development Services Department
51 Toronto Street South
Uxbridge, ON L9P 1T1
Tel: 905-852-9181
Website: www.uxbridge.ca

FOR OFFICE USE ONLY

Date Received:	File Number:	Associated File Number(s):
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Attention: The Township of Uxbridge, in conjunction with the Region of Durham, in an effort to manage and maintain wastewater treatment and water infrastructure for the Township, requires that this application be completed and submitted to the above noted address for residential wastewater and water allocation reservation consideration.

PROPERTY LOCATION INFORMATION

Building Number and Street Name:

Plan Number/Other Legal Description Details:

AGENT/APPLICANT INFORMATION

Last Name:	First Name:	Corporation or Partnership Name:
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Applicant's Address:

Telephone Number:	Email Address:
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OWNER INFORMATION

Last Name:	First Name:	Corporation or Partnership Name:
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Owner's Address:

Telephone Number:	Email Address:
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SCOPE OF PROJECT

☐ New Construction ☐ Addition/expansion ☐ Alteration/repair ☐ Other – Specify: _____

Current Use: _____

Proposed Use: _____

Description of Proposed Work: _____

Proposed Connection Details: _____

Previous Flows (in L/s if applicable): _____

Gross Area (ha): _____

Low Density
(e.g. Single and Semi Detached)

Number of Units:

Requested Allocation (L/s):

Medium Density
(e.g. Townhomes and Row Houses)

Number of Units:

Requested Allocation (L/s):

High Density
(e.g. Apartments)

Number of Units:

Requested Allocation (L/s):

APPLICANT INFORMATION

The following must be provided, both in electronic and hard copy, in order to consider the application for wastewater/water reservation complete (*regardless if supporting information was submitted prior to this request*):

- **A Site Plan (11"x17") showing properties requesting allocation**
- **A Servicing Plan (11"x17") showing the proposed sewer network as well as the proposed connection point to municipally owned sewers.**
- **Supporting documentation/justification of above requested allocation.**

DECLARATION OF APPLICANT

I/We, the Undersigned, do hereby make application to the Township of Uxbridge to approve the requested wastewater treatment and water reservation. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments, become official records of the Township of Uxbridge and will not be returned.

Print Name

Signature of Applicant

Date of Submission