



Department of Operations  
 1593 Four Mile Creek Road  
 P.O. Box 100, Virgil, ON L0S 1T0  
 905-468-3266 • Fax: 905-468-1722

[www.notl.com](http://www.notl.com)

**STORM SERVICE APPLICATION**

Name (Applicant): \_\_\_\_\_ Name (Owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

NOTE: The subject location must front a storm main at the time of application. The application is for that portion of the lateral storm from the main storm to the closest property line and includes the installation and inspection thereof by the Corporation of the Town of Niagara on the Lake. It is understood that the applicant will be responsible for the installation of the lateral from the property line to the structure or outlet concerned. The Corporation of the Town of Niagara-on-the-Lake reserves the right to tap the main at any point as determined by the Town. All applications are subject to approval by the Town of Niagara-on-the-Lake.

I hereby agree to abide by the by-laws, rules and regulations of Public Works, and the Council of the Town of Niagara-on-the-Lake, as existing or as may be adopted from time to time. **I acknowledge this being a deposit only and that I am responsible for the actual cost of the service installation including restoration cost.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only (Storm Service – WS)**

**DATE:** \_\_\_\_\_

Service Location: \_\_\_\_\_

Size Requested: \_\_\_\_\_ Calculation Required:  Yes  No

Tapping Deposit: \$ \_\_\_\_\_

Deposits: \$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

Total Deposit: \$ \_\_\_\_\_ for \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

This property will connect to a sanitary sewer:  Yes  No

Approved By: \_\_\_\_\_

Comments: \_\_\_\_\_