

**General Information and Instructions**

**Instructions:**

1. When completing this form, please refer to the Middlesex Centre “Guide for Applying for Approvals Related to Municipal Drinking-Water Systems” (referred to as the Guide) . Questions regarding completion and submission of the application should be directed to Public Works and Engineering Department, Municipality of Middlesex Centre 10227 Ilderton Road, R.R. #2, ILDERTON, ON N0M 2A0. Phone number (519) 666-0190
2. This form must be completed with respect to all the requirements identified in the Guide in order for it to be considered as a application for approval. **INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**
3. A complete application consists of:
  - (1) A completed and signed application for approval related to Municipal Drinking Water Systems. **(2 copies)**
  - (2) A Form 1 – Record of Watermains Authorized as a Future Alteration with Parts 2 and 3 completed by the Applicant’s Professional Engineer **(2 copies)**
  - (3) All required supporting information **(See Guide)**
  - (4) The Application fee of \$500.00, in the form of a certified cheque, in Canadian funds, made payable to The Municipality of Middlesex Centre  
The Municipality may require additional information during the technical review of any application accepted as complete.
4. The original application, along with the supporting information and the application fee, must be sent to 10227 Ilderton Road, R.R. #2, ILDERTON, ON N0M 2A0. Attention: Director, Public Works and Engineering
5. Information contained in this application is not considered confidential and will be made available to the public upon request. Information submitted as supporting information may be claimed as confidential but will be subject to the Freedom of Information and Protection of Privacy Act (FOIPPA) and EBR. If you do not claim confidentiality at the time of submitting the information, the Municipality may make the information available to the public without further notice to you.

**1. Applicant Information**

Applicant Name (legal name of individual or organization as evidenced by legal documents)		Business Identification Number	
Business Name (The name under which the entity is operating or trading if different from the Applicant Name – also referred to as trade name)		Activity Classification Code/Standard Industrial Classification Code (if known)	
Applicant Type:			
Corporation <input type="checkbox"/>	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
Other (describe) <input type="checkbox"/>			
Business Activity Description (A narrative description of the business endeavour)			

**2. Applicant Physical Address (Complete A, C, and D, or B, C, and D)**

<b>A.</b> Civic Address: Street information (applies to an address that has civic numbering and street information includes street number, name, type and direction)		Unit Identifier (identifies type of unit, such as suite and number)	
<b>B.</b> Survey Address (Used for a rural location specified for a subdivided township, an un subdivided township) Lot and Conc. Used to indicate location within a subdivided township and consists of a lot number and a concession number		Part and Reference: used to indicate location within an unsubdivided township and consists of a part and a reference plan number indicating the location within the plan. Attach copy of the Plan.	
Municipality	County / District	Province/State	Country
		Postal/Zip Code	
<b>D.</b> Telephone Number (including area code & extension)		Fax Number (including area code)	
		E-mail Address	

**If you require this form in an alternative format,** please contact the Municipality of Middlesex Centre at 519-666-0190 / 1-800-220-8968 or [customerservice@middlesexcentre.on.ca](mailto:customerservice@middlesexcentre.on.ca)

**3. Applicant Mailing Address (Complete A and C, or B and C)**

<b>A.</b> Civic Address – Street information (includes street number, name, type and direction) _____ Same as Applicant Physical Address <input type="checkbox"/>				Unit Identifier (identifies type of unit, such as suite and number)	
<b>B.</b> Delivery Designator		Delivery Identifier (A number identifying a Rural Route, Suburban Service or Mobile Route delivery mode)			
Rural Route <input type="checkbox"/>		Suburban Service <input type="checkbox"/>		Mobile Route <input type="checkbox"/>	
				General Delivery <input type="checkbox"/>	
<b>C.</b> Municipality		Postal Station	Province / State	Country	Postal Code

**4. Site Information (Location of the drinking-water system)**

Site Name						Legal Description (Attach copy of a legal survey)			
<b>A.</b> Civic Address: Street information (applies to an address that has civic numbering and street information includes street number, name, type and direction) _____ Same as Applicant Physical Address <input type="checkbox"/>						Unit Identifier (identifies type of unit, such as suite and number)			
<b>B.</b> Survey Address (Used for a rural location specified for a subdivided township, an un subdivided township) <b>NOTE:</b> Do not complete 'B' if you completed 'A'									
Lot and Conc. Used to indicate location within a subdivided township and consists of a lot number and a concession number			Lot	Conc.	Part and Reference: used to indicate location within an unsubdivided township and consists of a part and a reference plan number indicating the location within the plan. Attach copy of the Plan.			Part	Reference Plan
<b>C.</b> Non Address Information (Any additional information to clarify Applicants' physical location)									
<b>D.</b> Geo Reference (if available)									
Map Datum		Zone		Accuracy Estimate		Geo Referencing Method	UTM Easting	UTM Northing	
<b>E.</b> Municipality / Unorganized Township				County / District			Postal Code		
<b>F.</b> Adjacent Land use									
Industrial <input type="checkbox"/>		Residential <input type="checkbox"/>		Commercial <input type="checkbox"/>		Agricultural <input type="checkbox"/>		Recreational <input type="checkbox"/>	
Other <input type="checkbox"/>		(Specify)							
Is the Applicant the owner of the land (site)? Yes <input type="checkbox"/> No <input type="checkbox"/>									
If <b>No</b> , attach the owner's name, address and consent for the installation and operation of the facilities.									

**5. Project Technical Information Contact (To be the same party as identified in Part 3 of Form 1) (Complete A, B, D and E or A, C, D, and E)**

<b>A.</b> Name (Surname, Given Name)				Company			
Same as Applicant <input type="checkbox"/>							
<b>B.</b> Civic Address – Street information (includes street number, name, type and direction) _____ Same as Applicant <input type="checkbox"/>						Unit Identifier (identifies type of unit, such as suite and number)	
<b>C.</b> Delivery Designator				Delivery Identifier (A number identifying a Rural Route, Suburban Service or Mobile Route delivery mode)			
Rural Route <input type="checkbox"/>		Suburban Service <input type="checkbox"/>		Mobile Route <input type="checkbox"/>		General Delivery <input type="checkbox"/>	
<b>D.</b> Municipality		Postal Station	Province / State	Country	Postal Code		
<b>E.</b> Telephone Number (including area code & extension)			Fax Number (including area code)			E-mail Address	

**6. Drinking-Water System / Project Information**

<input type="checkbox"/> Arva	<input type="checkbox"/> Ballymote	<input type="checkbox"/> Denfield	<input type="checkbox"/> Komoka
<input type="checkbox"/> Ilderton	<input type="checkbox"/> Delaware	<input type="checkbox"/> Kilworth	<input type="checkbox"/> Other (specify)
Project Name (Project identifier to be used as a reference in correspondence)			
Project Schedule :			
Estimated Start Date of Construction	25T	Estimated Date of Operation	25T

**7. Other Approvals / Permits**

List all other environmental approvals / permits applied for related to this project or received in relation to this project under the Environmental Protection Act (discharges to air, waste management, etc.) and the Ontario Water Resources Act (sewage works, water taking), and the Safe Drinking Water Act (drinking-water system)

**8. Public Consultation / Notification**

Specify all public consultation / notification (such as public hearings, notification of First Nations, etc.) related to the project that has been completed or is in the process of being completed.

**9. Environmental Assessment Act (EAA) Requirements**

The works for which this application is made have fulfilled all requirements of the EAA through the completion of: Municipal Class EA has been completed in accordance with the procedure set out in:

Schedule A                                       Schedule B                                       Schedule C

The works are not subject to the EAA for the reason specified below:

**10. Supporting Information Checklist – This is a list of all supporting information to this application and is subject to the FOIPPA**

Supporting Information	Attached		Comment
	Yes	No	
<b>General</b>			
A: Proof of Legal Name of Client	<input type="checkbox"/>	<input type="checkbox"/>	
B: Name, Address and Consent of Land Development	<input type="checkbox"/>	<input type="checkbox"/>	
C: Other Attached Information	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Technical</b>	<b>Yes</b>	<b>No</b>	
Detailed description of the proposed works	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Study Report (ESR)	<input type="checkbox"/>	<input type="checkbox"/>	
Preliminary engineering report	<input type="checkbox"/>	<input type="checkbox"/>	
Site plan	<input type="checkbox"/>	<input type="checkbox"/>	
Design brief / report	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic and process calculations	<input type="checkbox"/>	<input type="checkbox"/>	
Final plans and specifications	<input type="checkbox"/>	<input type="checkbox"/>	

**11. Application Fee of \$500.00 shall apply to all applications in the form of a certified cheque payable to the Municipality of Middlesex Centre. (Must be attached to this application)**

**12. Statement of Applicant**

I, the undersigned hereby declare that, to the best of my knowledge, the information contained herein and the information submitted in support of this application is complete and accurate in that the Project Technical Information Contact identified in Section 5 of this form is authorized to act on my behalf for the purpose of obtaining approval .	
Name (Surname, Given Name) Please print	Title
Signature	Date (yy/mm/dd)

**13. Statement of Technical Review Authority (to be completed by the Technical Review Authority)**

I the undersigned acting on behalf of the Municipality of their Technical Review Authority have reviewed the technical documentation in support of this application and hereby verify that:	
<ul style="list-style-type: none"><li>(1) The maximum demand for water exerted by consumers who are to be serviced by the addition, modification, replacement or extension of the watermain as documented, will not result in an exceedance of the related capacity of the drinking water supply system;</li><li>(2) The watermain addition, modification, replacement or extension will not adversely affect the distributions system's ability to maintain a minimum pressure of 140 kPa at ground level points in the distribution system under maximum day demand plus fire flow conditions;</li><li>(3) The watermain addition, modification, replacement or extension is wholly located within the municipal boundary over which the owner has jurisdiction;</li><li>(4) I am authorized by the Municipality of Middlesex Centre to complete this verification.</li></ul>	
Name and Title (please print)	Organization
Signature	Date (dd/mm/yyyy)