CITY OF Vernon

**Community Services Building**
3001 32 Avenue, Vernon BC V1T 2L8
(250) 550-3634 Fax: (250) 545-5309
buildingcounter@vernon.ca
www.vernon.ca

# SERVICE APPLICATION

**OFFICE USE ONLY**

Application Received Date: _____

Permit No.: **MP** _____

"My City" Access Code: _____

| | | |
|---|---|---|
| **PROJECT ADDRESS** | | |
| **DESCRIPTION OF WORK** | | |
| **PROPERTY OWNER INFORMATION** | Name: | |
| | Address: | |
| | Phone: | Email: |
| **ASSIGNMENT OF AGENT** | ☐ Yes ☐ No | **If Yes**, please complete the attached Schedule "2" |
| **ON SITE CONTRACTOR / PLUMBER INFORMATION** | Name: | Business Licence #: |
| | Phone: | Email: |
| **A PLUMBING PERMIT IS REQUIRED FOR CONNECTION OF SERVICES TO DWELLING** | PLUMBING PERMIT # _____ **or** ☐ N/A | |
| **IS THERE AN EXISTING SERVICE TO BE DECOMMISSIONED?** | ☐ Yes ☐ No | |
| | **If Yes,** will the same trench be used for the new service installation? ☐ Yes ☐ No | |
| **MUNICIPAL FEE BYLAW #** | ☐ 5893 ☐ 6052 ☐ 6053 ☐ 6054 ☐ 6055 | |
| **PAYMENT METHOD** | ☐ Full payment at time of application | |
| | ☐ Annual billing through property tax notice as per Bylaw terms | |
| **SKETCH SHOWING APPROXIMATE PROPOSED SERVICE LOCATION (not required)** | ☐ Yes ☐ No | |
| **BILLING OF UTILITIES** | Billing of Water and Sewer utilities will commence two months following the plumbing permit approval date or immediately after installation of the water meter (ARB), unless an application to discontinue services has been received by the City of Vernon Finance Department. | |
| **APPLICANT SIGNATURE** | _____ **PRINT NAME** | _____ **SIGNATURE** |

| OFFICE USE ONLY<br>ENGINEERING DEVELOPMENT SERVICES | | |
|---|---|---|
| **SANITARY SEWER** | Installation or Connection SIZE: | **FEE:** |
| | Decommission Existing | **FEE:** |
| | | |
| **STORM SEWER** | Installation or Connection SIZE: | **FEE:** |
| | Decommission Existing | **FEE:** |
| | | |
| **WATER** | Installation or Connection SIZE: | **FEE:** |
| | Construction Cost | **FEE:** |
| | Decommission Existing | **FEE:** |
| | Other | **FEE:** |
| **GREATER VERNON WATER** | Application | **FEE:** |
| **ENGINEERING TECHNICIAN** | **PRINT NAME:** _____ **SIGNATURE:** _____ | |

| OFFICE USE ONLY<br>OPERATIONS DEPARTMENT | |
|---|---|
| **DATE OF SITE VISIT:** | |
| **DATE OF INSTALL:** | |
| **GL #:** | |
| **SERVICE CARD:** | |
| **UPDATE PROSPERO:** | |

**Personal information is collected for the purpose of processing your Service Application. The City of Vernon is collecting this information under s.26© of the Freedom of Information and Protection of Privacy Act. For any questions regarding the collection of personal information, please contact the FOI Clerk at foierequest@vernon.ca or at 250-545-3491.**

**REV: July 2026**

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# SCHEDULE "2"
## APPOINTMENT OF AN AGENT

Reset

| SUBJECT PROPERTY ADDRESS: | | |
|---|---|---|
| **LOT #:** | **PLAN #:** | **FOLIO #:** |

| | | |
|---|---|---|
| **REGISTERED PROPERTY OWNER** | **NAME:** | |
| | **ADDRESS:** | |
| | **EMAIL:** | **PHONE:** |
| **OWNER'S AGENT** | **NAME:** | |
| | **ADDRESS:** | |
| | **EMAIL:** | **PHONE:** |

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 |
|---|---|---|---|
| ☐ Access | | ☐ Plumbing | |
| ☐ ALR | | ☐ Rezoning | |
| ☐ Building | | ☐ Sign | |
| ☐ Demolition | | ☐ Site Profile | |
| ☐ Development | | ☐ Soil Removal/Deposition | |
| ☐ Development Variance | | ☐ Strata Conversion | |
| ☐ OCP Amendment | | ☐ Subdivision | |
| ☐ Other (provide details): | | | |

**DATE: _____ PRINT NAME: _____ OWNER'S SIGNATURE: _____**

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**Rev: DEC 2025**