

REQUEST

Extension of Water and Sewer Laterals onto Private Property

| | | | |
|---|--|---------------------|--|
| MI Project Number | | Request Date | |
| Project Title | | | |
| Ultimate Recipient | | | |
| Explanation for request to use funding to install service lines within 1.5m of house | | | |
| Describe the reason for the request, including the cause. Indicate why it is not feasible for the homeowner to install. | | | |

| | | | |
|--|--------------------------------|-----------------------------------|-------------------------------|
| List civic address for the homes being connected. Indicate if it is water, sanitary or both. Add table if necessary | | | |
| Address | Service | | |
| | Water <input type="checkbox"/> | Sanitary <input type="checkbox"/> | Both <input type="checkbox"/> |
| | Water <input type="checkbox"/> | Sanitary <input type="checkbox"/> | Both <input type="checkbox"/> |
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| Estimate to Install | | | |
| Installation from center of pipe or center of road to 1.5m away from foundation | | | |
| Curb stop to be installed per specifications | | | |
| Project costs cannot cover the final connect to the home | | | |
| All trenching, materials and reinstatement | | | |
| Maximum length 40m | | | |
| Number of locations | A | | |
| Cost per location (including tax) * | B | \$ | |
| Total Estimate including tax | C = A x B | \$ | |
| Cost Recovery | | | |
| Number of locations | D | | |
| Cost Recovery fee per household per connection (fixed at 750.00 incl tax) | E | \$750.00 | |
| Total Cost Recovery Fee (incl HST) | F = D x E | \$ | |
| Eligible Costs | | | |
| Total Estimate Cost (incl HST) | C | \$ | |
| Total Cost Recovery (incl HST) | F | \$ | |
| Total cost to project (incl HST) | G = C - F | \$ | |
| Funding Impacts | | | |
| Approved Funding (incl HST) | \$ | | |
| Value of all work committed in contracts to date (incl HST) | \$ | | |
| Total eligible cost to install services (incl HST) | G | \$ | |
| | | | |
| Is there funding available in the project budget | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Will this change the completion date of the project, extending it past the approved funding timeline? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Policy Acknowledgements by Ultimate Recipient | | | |
| This policy applies to residential buildings only. To be eligible, houses must be a permanently occupied residence. Summer residence, cottage, cabins etc. are not eligible | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| The Ultimate Recipient will collect the cost recovery fee from the homeowners. | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| The maximum service lateral trench length is 40 m from the center of the main or the center of the road right-of-way, whichever is applicable or favors the homeowner. | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| The project shall not pay for the connection to the house | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Homeowner is responsible for the final connection to the home and all future maintenance of the services installed on their property | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| If this work puts the project over budget post tender, the UR will fund all over runs. | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

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| MI Project Number | | Request Date | |
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| Ultimate Recipient Certification | | | |
| Signature of Board or Council Representative (not consultant) | | | |
| Resolution of Council/Board attached. (REQUIRED in all cases) | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | Motion # - | |
| Name (print) | | Signature | |
| Title | | Date | |
| Departmental Review (internal use only) | | | |
| Project Representative Review | | | |
| Comments: | | | |
| Support <input type="checkbox"/> | Oppose <input type="checkbox"/> | Date | Name (print) & Signature |
| Regional Engineer | | | |
| Comments: | | | |
| Support <input type="checkbox"/> | Oppose <input type="checkbox"/> | Date | Name (print) & Signature |
| Director | | | |
| Comments: | | | |
| <input type="checkbox"/> Allowable under the policy | | | |
| <input type="checkbox"/> Not allowable under the policy | | | |
| <input type="checkbox"/> Allow the following exceptions: | | | |
| Approved value of work to be completed using project funds - | | | |
| Approve <input type="checkbox"/> | Reject <input type="checkbox"/> | Date | Name (print) & Signature |

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