



Municipal Application for Water Connection
 210 Aberdeen Road Bridgewater NS B4V 4G8
 Phone: 902.541.1325 Fax: 902.527.1135

<u>For Office Use ONLY</u>	
<input type="checkbox"/>	Mun. Engineering
<input type="checkbox"/>	Finance Tax Clerk

Please Print all Information

Property Location

Parcel PID _____
 Assessment No. _____
 Civic Address _____

Property Owner and Contact Information

Legal Owner _____
 Mailing Address _____
 Phone No. _____ Fax No. _____ Email _____

Contact Information (if different from above)

Name _____
 Phone No. _____ Fax No. _____ Email _____

Capital Cost Recovery Charge Due \$ _____

As per the Municipal By-law *Capital Cost Recovery Charges for Water System* :

9.0 Payment of Charges and Interest

9.1 A Capital Charge imposed pursuant to this By-law may, at the option of the owner be paid in equal installments, together with the Municipality's prevailing interest rate as prescribed¹, over a period not to exceed 10 years. The first installment and each succeeding installment in respects of the charge imposed by this By-law is due at the same time that taxes and rates are due in each year, and in the event of default of payment of any installation the whole balance with interest becomes due and payable.

9.2 The Capital Charge imposed by this By-law shall bear an interest rate on any outstanding balance owing, but not due, and on any installment that is due and owing. The interest rate shall be as prescribed by motion of Council with respect to taxes and overdue charges and shall be applied as per this same motion.

¹Current interest rate is 10% annually compounded monthly.

I (we) agree to the Terms of this Application and to comply with the requirements of the Municipal By-law *Capital Cost Recovery Charges for Water Systems*.

 Signature of Owner/Applicant

 Date

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Instructions for Municipal Finance Department	
1. Apply against GL 02-1200010-070	
2. If entire capital cost charge is not paid, include on receipt: <i>Applicant has entered into payment arrangements for the Municipality of the District of Lunenburg for the remaining balance of the Capital Cost Recovery Charge.</i>	
3. Please include on the receipt for payment: <i>Name, PID No., Civic Address</i>	