



**CORPORATION OF THE  
TOWN OF MIDLAND**

575 Dominion Avenue  
Midland, Ontario L4R 1R2  
Website: [www.midland.ca](http://www.midland.ca)  
Tel: (705) 526-4275  
Fax: (705) 526-9971

**Additional Connection Permit (ACP) Application**

**Applicant Information** (Please Print)

Name		Mailing Address	
Company (If applicable)		(Please include Town/City, Province and Postal Code)	
Telephone No.:		Fax No.:	
Cell No.:		Email:	
Website:			
After Hours Contact:		Telephone No.:	

**Owner Information** (if different from above)

Name		Mailing Address	
		(Please include Town/City, Province and Postal Code)	
Telephone No.:		Fax No.:	
Cell No.:		Email:	

**Requested Service**

Sanitary Sewer Connection [  ]      Water Service Connection [  ]      Storm Service Connection [  ]

Service Address		Side of Street	
Lot No.:		Plan No.:	
Cross Streets:	<b>and</b>		

**Service Size and Type**

[  ] Residential      [  ] Commercial      [  ] Industrial

Domestic Water Service \_\_\_\_\_ mm      Fire Water Service \_\_\_\_\_ mm

Sanitary Service \_\_\_\_\_ mm      Storm Service \_\_\_\_\_ mm

Requested service size will be subject to review and approval by Midland Engineering Department. Additional information may be requested by Town staff to justify the service size requested.

**Declaration**

If the Applicant is a corporation acting without an agent or solicitor, the application must be signed by an officer of the Corporation and the Corporation's seal (if any) must be affixed. I \_\_\_\_\_ am the owner of the land that is the subject of the application for and Additional Connection and I authorize \_\_\_\_\_ to make this application on my behalf.

Applicant/Owner Authorized Signature \_\_\_\_\_

**Freedom of Information**

Personal information collected on this form is pursuant to Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and will be used for the purposes of this application. Questions about this collection should be directed to Town Clerk, Town of Midland, 575 Dominion Avenue, Midland, Ontario L4R 1R2. Telephone (705) 526-4275.

Applicant/Owner Signature \_\_\_\_\_

<b>Internal Use</b>	
Submission of Engineering Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
Inspection Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____
Road Occupancy Permit Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Received by: _____	Date Received: _____
Permit No.: _____	
<b>Additional Permit Conditions:</b>	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
Approved by: _____	Date Approved: _____