



C·R·N·W·S·C

CAPITAL REGION NORTHEAST WATER SERVICES COMMISSION

APPLICATION FOR CROSSING AGREEMENT

APPLICANT INFORMATION	
Applicant Name:	_____
Address	_____ _____ _____
Telephone:	_____
Fax Number:	_____
Cell Phone:	_____
Other :	_____

AGENT ACTING ON BEHALF OF THE APPLICANT.	
Agent's Name:	_____
Address	_____ _____ _____
Telephone:	_____
Fax Number:	_____
Cell Phone:	_____
Other	_____

FIELD CONTACT INFORMATION:	
Field Contact Name:	_____
Telephone:	_____
Fax Number:	_____
Cell Phone:	_____
Other	_____

LOCATION OF CROSSING _____
Legal Description – Lot, Block, Plan Number

TYPE OF CROSSING (Check appropriate box) and CONSTRUCTION COSTS:

- Underground (pipeline, duct, conduit or cable) \$ _____
- Overhead (wire or cable) \$ _____
- Surface (road, highway, surface modification) \$ _____
- Other \$ _____

Commission Office Use Only	
Date Application Received:	
Application Processing Fee: Note: <i>Application will not be approved until the processing fees are received.</i>	<input type="checkbox"/> \$1,500, or, <input type="checkbox"/> \$1,500 plus estimated processing costs
APPROVAL:	<input type="checkbox"/> Approved Subject to Conditions <input type="checkbox"/> Refused For Reasons
Commission Signature: _____ Date: _____	
Special protection proposed for Commission Pipeline	