

APPLICATION NO.	
APPLICATION RECEIVED	
PRE-INSPECTION DATE	
WORK APPROVAL DATE	
COMPLETION DATE	

City of Welland
Integrated Services
Building Division
60 East Main Street, Welland, Ontario. L3B 3X4
Telephone: 905-735-1700 Fax: 905-735-8772
www.welland.ca

LEAD AND SPLIT (WATER) SERVICE REPLACEMENT PROGRAM (LASSR)
APPLICATION FORM

NOTE: "Water Service" for purposes of this program refers to the privately owned water pipe from the street property line (curb stop) to the house. The City owned water lateral from the watermain to the property is the responsibility of the City. If lead or split/shared service is documented on private property, and the homeowner goes through the LASSR Program, the City will provide the necessary laterals to each street property line under its regular operating budget.

Owner Name (print)		Project Address	
Mailing Address		City	PC
Telephone – Home	Telephone – Work	Telephone – Cell	

ITEM	COMMENTS
<input type="checkbox"/> Lead Water Service	
<input type="checkbox"/> Split/Shared Water Service with Neighbour	
<input type="checkbox"/> Both Lead and Split/Shared Water Service	

Do you have a water meter? _____

Do you have a lead service to inside your house? _____

Does the split/shared service come from your neighbours to your house or from your property to your neighbour's? _____

What is the address of the neighbour's property with shared service? _____

Is your neighbour interested in having their portion of the shared service replaced? _____

Have you co-ordinated replacement of the shared service with your neighbour? _____

Has the lead service or shared service been discussed with Public Works previously? _____

Have any arrangements been made with Public Works to co-ordinate your replacement on private property with their replacement of the water later on the road allowance? _____

RELEASE

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY HEREIN AND I HAVE READ AND UNDERSTAND THE LASSR PROGRAM POLICIES AND PROCEDURES DATED JANUARY 18, 2012. I HEREBY RELEASE THE CORPORATION OF THE CITY OF WELLAND FROM ALL CLAIMS, DAMAGES, ACTIONS AND LOSSES FROM ANY FUTURE PROBLEMS RESULTING FROM THE FAILURE OF ANY OF THE WORKS I CARRIED OUT ON PRIVATE PROPERTY UNDER THIS GRANT PROGRAM.

I HEREBY DIRECT PAYMENT OF THE GRANT TO BE MADE TO THE OWNER INDICATED ABOVE.

Date:

Owner Signature:

GRANT APPROVAL

Date:

City Signature:

FOR OFFICE USE ONLY

Public Works – City Staff to enter comments concerning co-ordination with Public Works _____

GRANT AMOUNT

Work Completed By (List Contractor(s):