



MOHAWKS OF THE BAY OF QUINTE

R.R. #1, Tyendinaga Mohawk Territory, Ontario K0K 1X0

Phone: (613) 396-3424

Fax: (613) 396-3627

MOHAWKS OF THE BAY OF QUINTE PERMIT FOR HYDRO INSTALLATION

The following application gives Hydro One Networks Inc. permission to enter upon the Tyendinaga Mohawk Territory to hook up a new customer, or to install and maintain a hydro line, within the Road Allowance (lands held in common), including all hardware and equipment necessary for the supply of power to the undersigned, in accordance to the terms and conditions.

Customer's Name: _____

911 #: _____ Lot: _____ Conc.: _____

Hook-up New Customer: _____

Terms & Conditions

The parties agree to the following:

1. The customer is responsible for all costs associated with the hydro installation, including but not limited to primary, secondary, transformers, poles anchors, and all hardware required to supply power to the primary residence. All costs related to telephone servicing will be the responsibility customer (i.e. homeowner, business, tenant).
2. All transmission lines, plant, meters and equipment shall be the risk of the customer.
3. Tyendinaga Mohawk Council will not be held liable for any losses, damage or personal injury resulting from or during the construction of the hydro line.
4. All work will conform to Hydro One Network Inc.

Mohawks of the Bay of Quinte

Customer Signature

Office use only:

T.M.C Motion #: _____

Date Approved: _____

Comments: _____



MOHAWKS OF THE BAY OF QUINTE KENHTEKE KANIENKEHA

Administration 13 Old York Rd., Tyendinaga Mohawk Territory, K0K 1X0
Phone-613-396-3434 Fax-613-396-3627

Surface Water Project Application Form

Name: _____

Address: _____

Telephone #: _____

Project Location: _____

Lot and Concession: _____

Certificate of Possession (Yes/No): _____

Name: _____

Address: _____

Telephone #: _____

Project Location: _____

Lot and Concession: _____

Certificate of Possession (Yes/No): _____

Project Start Date: _____

Project End Date: _____

Project Sketch provided (yes/no): _____

Name of Contractor: _____

Project Description (include equipment and methodology) :

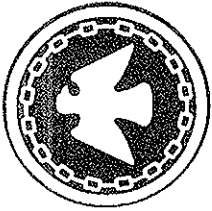
I hereby certify that the above information is correct.

Signature

Date

OFFICE USE ONLY

Comments:



MOHAWKS OF THE BAY OF QUINTE

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APPLICATION FOR THE INSTALLATION OF CULVERTS

NAME: _____
ADDRESS: _____
LOT & CONC: _____
TELEPHONE: _____

PLEASE NOTE: ***STAKES MUST BE IN PLACE BEFORE
APPLYING FOR CULVERT INSTALLATION.
PLACE STAKES 30 FEET APART AT POSITION
OF DRIVEWAY.***

I hereby authorize the Mohawks of the Bay of Quinte to place a culvert on my lot.

I understand payment in full must be made upon receipt of invoice.

Signature of Applicant _____ Date _____

Signature of Applicant _____
(If land is in joint ownership, two signatures are required.)

**A DEPOSIT OF \$50.00 IS REQUIRED, WHICH WILL BE
CREDITED TO TOTAL COST.**

FOR USE BY ADMINISTRATION OFFICE ONLY:

Lands Dept. Confirm. Ownership: _____
Cost of Culvert: _____
Deposit: _____
Cost of Gravel (50%): _____
Total Cost Due: _____

MOHAWKS OF THE BAY OF QUINTE
MOHAWK BAND ADMINISTRATION OFFICE

0261

(613) 396-3424, R.R. 1, DESERONTO, ONTARIO, K0K 1X0

LATERAL SEWER CONNECTION PERMIT

DATE: _____

LAST NAME: _____ BAND NO: _____

FIRST NAME: _____

MIDDLE NAME: _____

LOT, CONCESSION, PARCEL: _____

DESCRIBE PRESENT STRUCTURE WATER & SEWAGE TO BE CONNECTED TO:

Office/Business _____ # of Employees _____

Private Residence _____ Cottage _____

Square Footage _____

Describe the condition of this dwelling:

Excellent Condition _____ Slab on Grade _____

Fair Condition _____ Crawl Space _____

Poor Condition _____ Basement _____

DATE CONSTRUCTION TO BE DONE: _____

NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____

DESCRIBE TYPE OF WASTE:

Private: _____ Chemical: _____

Water: _____ Other: _____

Describe Other: _____

OFFICE USE ONLY

Fee of \$25.00 is to be collected at time of issuing permit.