



City of Welland
Infrastructure and Development Services
Building Division
 60 East Main Street, Welland, ON L3B 3X4
 Phone: 905-735-1700 Fax: 905-735-8772
 Email: devserv@welland.ca
 Website: www.welland.ca

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

LEAD REPLACEMENT PROGRAM (LRP)
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 building. 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 property owner goes through the LASSR Program, the City will provide the necessary laterals to each street property line under its regular operating budget.

Project Address:		
Owner Name (print):		Mailing Address:
City:	Postal Code:	Email:
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 building? _____ 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 MAY 4, 2016. 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): _____				
