



DATE: _____

Application to Request Size Change - Existing Water Meter

O Name _____
W Address _____
N City, Prov _____
E Postal Code _____ Phone: _____
R e-mail: _____

Non-Residential? : Residential ?:
Non- Residential Type _____
(i.e. Hotel, Restaurant, Apartment)

S Name _____
I Address _____
T City, Prov _____
E Postal Code _____ Phone: _____
e-mail: _____

_____ Existing Meter Size to _____ REQUESTED SIZE FOR REVIEW

Please list any Fire Protection Equipment that would be impacted by this change, ie., standpipe systems, sprinkler systems, etc .

Please identify if this property is covered by an existing site plan and provide details if necessary

NOTE: It is important that you read the following and indicate that you sign prior to processing this application:

All aspects of meter use in this application are governed by City of Niagara Falls By-Law 2024-033 as amended.

- 1 The City requires an Engineer Stamped Drawing or Letter advising of the new meter size copies of Site Plans or a Site Inspection to ensure accuracy may also be required review of specifications
- 2 A processing fee of \$150 applies and payment must be received upon document submission
- 3 If approved, the owner must purchase the new meter from the City and install the meter at the owners cost
- 4 If approved, after new meter installation, you must book an appointment with City staff to inspect, seal and remote the new meter
If approved, the old meter must be returned at time of new meter seal appointment, or directly to the Municipal Service
- 5 Centre (3200 Stanley Av)
(items 4. & 5. are for meter reading, and billing purposes)
If approved, failure to follow steps 4. & 5. within 30 days may result in water bill refusal rates being applied to the
- 6 associated water utility account
- 7 If approved, the City can only determine suitability based on Fire requirements and/or the functionality of the meter.
Any concerns or problems with volume of water for your operational needs is solely the owners responsibility.
- 8 Altering the size of the meter may affect functionality which cannot be guaranteed by the City and will be the owners responsibility

I agree to the above.
(please print name)

Signed by Owner/Agent
DATE _____

**** completed application must be submitted via email to meteradministration@niagarafalls.ca**

FOR OFFICE USE ONLY

Circulation:	Comments	APPROVED:
Fire:	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Building	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Engineering	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Other:	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Final Approval	Senior Manager of Water & Wastewater Services	<input type="checkbox"/> yes <input type="checkbox"/> no