



MUNICIPALITY OF THE DISTRICT OF CHESTER

SEWER SERVICE REVIEW PROCEDURE

PURPOSE

To establish a procedure for processing reviews for properties assessed an Equivalent Dwelling Unit (EDU) that have changed their user type or number of associated units based on their user type.

1. The review process shall only apply to those properties assessed an EDU value greater than 1, or to those properties that have changed their User Type and or the number of associated units based on their User Type (i.e. Single family dwelling to a vacant lot, reduction of apartments or washrooms).
2. Any user wishing to review their sewer service charge shall do so by completing and submitting Form A, attached, before February 15 of each year, to the Municipal Clerk. Applications received after February 15 in any given year will be reviewed but any changes will not be applied until the next year.
3. The Municipal Engineer or designate shall review the request and render a decision.
4. The Municipal Clerk shall inform the user in writing of the decision within thirty (30) days of receipt of the written request, unless the property owner is notified that additional time is required by the Municipality. The user shall grant permission to the Municipality to complete any necessary inspections.
5. If the user is unsatisfied with the written decision from the Municipal Engineer or designate, the user has thirty (30) days from the receipt of the decision to appeal in writing to Municipal Council.
6. Municipal Council will review the appeal at a regularly scheduled meeting and send the results of their review and decision to the user in writing within 15 days after its meeting.
7. The results of the review will be reflected in the next interim tax bill, and will not be retroactive beyond the current tax year the review was requested.

**MUNICIPALITY OF THE DISTRICT OF CHESTER
 FORM A – SEWER SERVICE CHARGE REVIEW FORM**

 Property Owner/Agent _____
 Email

 Home Telephone # _____
 Work Telephone # _____
 Cell #

 Mailing Address _____
 Province _____
 Postal Code

 Assessment Number _____
 Property location

Grounds for Review: Please reference Schedule "A", Identify the Property's Type and all applicable details (i.e. Bed and Breakfast, license, number of washrooms):

I, the property owner(s), grant permission for the Municipality carry out any necessary inspections.

 Owner(s) Signature (s) _____
 Date

Return to: Municipal Clerk, Municipality of the District of Chester
 PO Box 369, Chester, NS B0J 1J0 Telephone 902-275-3554

Notice: Please be advised that as a result of this review, the EDUs associated with the subject property may increase.

Office Use Only	
Result of Review	_____ _____ _____
Effective Date	_____
Authorized Signature	_____
Notification	Owner ____ Tax Department ____ Other _____
Decision Appeal Deadline	(30 days from Decision) Yes ____ No ____