## **Utility Service Construction Permit Application**

Billing Account Number		Permit Number
Owner:		
Physical Address:		
Mailing Address:		
Telephone:		Cell:
Contractor:		Water tap
License No:		Sewer tap
Telephone:		Water and Sewer taps
Email address:		Inspection Date Requested
Lot #		Parcel #
CONNECTION	SIZE:	Connection fee:
TOTAL FEE: _		
Required Inspe	ctions:	Excavation Pressure Test
		Tap to Main Setter / Meter Box
		Backfill & Compaction Meter Installed
REQUESTED IN	STALLATIO	N DATE:
Will an undergro	und sprinkler,	, pool or other device requiring a backflow protection device be
installed	No	Yes Please explain:

I certify that I have received the application standards package and that the construction will comply with the terms and conditions of this permit. Monthly charges will begin upon connection to services and completed inspection.

Applicant/Agent Signature

A minimum of 48-hours-notice must be given prior to inspection.

See tariff for additional rules and regulations.