



WATER TAP PERMIT APPLICATION

PROJECT INFORMATION							TRACKING No: -	
Property Owner/Project Name:								
Location/Street Address:								
Lot Number(s):								
Size of Service(s):	3/4"	1"	1 1/2"	2"	4"	6"	Other "	Type of Service <input type="checkbox"/> Domestic <input type="checkbox"/> Fire
No. of Services:								
PROPERTY OWNER								
Name(s):								
Address:								
City:			State:			Zip:		
CONTRACTOR/AGENT								
Business Name:								
Address:								
City:			State:			Zip:		
Name of contact person:								
Phone:			Fax:		Email:			
Owner Agent								
SIGNATURE:							Date:	
OFFICE USE ONLY								
Water Tap Fee \$					Receipt No.			
Approved by:							Date:	

Copies to: ___ Health ___ Fire ___ Utilities ___ Water ___ Underground ___ Applicant