

**Application For New Water Tap and Service Connection**  
(includes any increase in size of current service connection)

Please remit  
with  
**\$75.00**  
permit fee.

**PROPERTY OWNER**

NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
CITY, ST, ZIP \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

**AGENT OF OWNER**

NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
CITY, ST, ZIP \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

CERTIFICATE OF INSURANCE RECEIVED (VAN ETTEN WATER DISTRICT NAMED) YES \_\_\_\_ NO \_\_\_\_

NEW CONSTRUCTION: YES \_\_\_\_ NO \_\_\_\_, IF YES BUILDING PERMIT # \_\_\_\_\_

PHYSICAL LOCATION WHERE SERVICE IS REQUESTED: PARCEL/TAX ID# \_\_\_\_\_

PROPERTY HAS: SEWER  SEPTIC

RESIDENTIAL: 1-FAMILY \_\_\_\_ MULTI-FAMILY \_\_\_\_ (# OF UNITS \_\_\_\_)

IF RESIDENTIAL PLEASE GO TO NEXT PAGE.

NON-RESIDENTIAL \_\_\_\_

IF NON-RESIDENTIAL, WHAT IS THE NATURE OF OCCUPANCY? (COMMERCIAL, INDUSTRIAL, ETC)

ON SEPARATE SHEET PLEASE PROVIDE A BRIEF DESCRIPTION OF THE BUSINESS. INCLUDE A DESCRIPTION OF ACTIVITIES, FACILITIES AND PLANT PROCESSES ON THE PREMISES, IF ANY, INCLUDING A LIST OF RAW MATERIALS USED AND PRODUCT(S) PRODUCED. IF SIC NUMBER IS KNOWN PLEASE INCLUDE THAT AS WELL.

ARE ANY HAZARDOUS WASTES TO BE USED, STORED OR PRODUCED ON SITE? YES \_\_\_\_, EXPLAIN BELOW, NO \_\_\_\_

**ANTICIPATED WATER CONSUMPTION**

GALLONS PER DAY \_\_\_\_\_ PEAK TIME: GALLONS PER DAY \_\_\_\_\_

VARIANCES: SEASONAL, MONTHLY, ETC.? IF ANY \_\_\_\_\_

# EMPLOYEES \_\_\_\_\_ # PUBLIC RESTROOMS ON SITE \_\_\_\_\_

**BACKFLOW:** ALL DEVICES ARE TO BE TESTED ANNUALLY PER NYSDOH.

LIST BRAND, MODEL #, TYPE AND LOCATION OF ALL DEVICES TO BE INSTALLED.

**SKETCH PLAN**- INCLUDE STREET NAMES, CROSS STREETS, PROPERTY ENTRANCE, METER LOCATION, DISTANCE FROM BOUNDARIES, TAP LOCATION, SEPTIC, SEWER, WELLS ETC.



DATE TAP REQUESTED: \_\_\_\_\_

TAP SIZE \_\_\_\_\_ METER SIZE \_\_\_\_\_ # METERS \_\_\_\_\_

ACTUAL DATE TAPPED: \_\_\_\_\_

TAPPED BY: \_\_\_\_\_

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DATE: \_\_\_\_\_ OWNER/AGENT OF OWNER : \_\_\_\_\_

DATE: \_\_\_\_\_ WATER SYSTEM SUPERVISOR : \_\_\_\_\_