



Utility Availability Application

Date of Application _____

Customer Information

Applicant Name: _____ Applicant Telephone: _____

Mailing Address: _____

Service Requested at: _____

Name of Development: _____ Development Acreage: _____

Utility Services Requested (TAPS REQUESTED) Please show number & size

Water _____ Sanitary Sewer _____

Storm Sewer _____ Natural Gas _____
(Gas pressure provided at 4 ounces ONLY!!)

Fire Sprinkler System _____ Other _____

SEWER EFFLUENT CHARACTERISTICS

Domestic _____ Non-domestic _____

Industrial process discharge _____

Utilities To Be Developed

Water _____ Sanitary Sewer _____

Storm Sewer _____ Natural Gas _____

Fire Sprinkler System _____ Other _____

Remarks: _____

APPLICANT IS RESPONSIBLE TO STAKE AND LABEL UTILITY TAP LOCATION UPON APPROVAL.

Applicant/Owner signature Date

For Office Use Only

Application is: Approved Disapproved

Remarks: _____

Tap Fees

Water _____ Sanitary Sewer _____

Storm Sewer _____ Natural Gas _____

Other _____

Total Fees: _____

Director of Planning and Community Development Date

Director of Public Works Date