

CITY OF WAITSBURG
P.O. Box 35, 147 Main St.
Waitsburg, WA 99361
Phone: 509-337-6371 Fax: 509-337-8089

APPLICATION FOR UTILITY SERVICE(S)

Date of Application: _____

Applicant Name: _____

Mailing Address: _____

P.O. Box or Street City State ZIP

Telephone: _____ Service Address: _____

Property Owner: _____

Number of People in Household: _____

If an existing service, date to be turned on: _____

Type of Service: Commercial (Business) _____ Residential _____

If applicable, type of business:

_____ Service Station _____ Public Works _____ Fraternal Hall _____ Club
_____ Restaurant _____ Tavern _____ Church _____ Other _____

Check all that are applicable:

1. _____ Water Connection:

_____ Existing Service _____ New Service

2. Size of Water Meter Connection:

_____ 3/4" _____ 1" _____ 1 1/2" _____ 2" _____ 3" _____ Other _____

(If this is an existing service and you are unsure of meter size, please ask for assistance at City Hall)

All water utility customers are required to comply with the City of Waitsburg's Cross-Connection Control Program (Ord. No. 20011117-824).

3. _____Sewer Connection:

_____Existing Service

_____New Service

The following must be submitted with this completed application form to be accepted:

- Fees:

_____Application fee in the amount of \$5.00

_____If applicable, new service fees

(If this is an application for a new service and the application is approved, the applicant will be responsible for a plumbing permit fee, system connection fee(s) and installation fees. Installation of services includes extension from the City's main line to the applicant's property line. These fees will be calculated upon approval of application and are due payable prior to installation of service(s) Applicant acknowledges that they have read and understood the terms of Ord. No. 991215-783, which pertains to connection fees).

- A legal description of the property.
- If this is an application for a new service(s), a site plan that includes the dimensions of the property and a location on the property that the applicant would like the water/sewer service(s) extended to. The services will be extended from the City's main line to applicant's property line only.

Owner/Applicant Signature

Date

For Office Use Only:

Date application received:_____

Received by:_____

Is application complete?_____

- Appropriate spaces filled out?_____
- Site plan attached?_____
- Site plan complete?_____
- Application fee paid?_____
- If existing service, water meter read for new tenant?_____
- If applicable, system(s) connection fees paid? _____ Date_____

Application complete:_____

If no, explain:_____

Is service area located in a special flood hazard area? Yes_____ No_____

Do tap-in restrictions apply? Yes_____ No_____

Does cross-connection control apply? Yes_____ No_____

Explanation:_____

Is service within City Limits? Yes_____ No_____

Comments:_____

Please attach a copy of plumbing permit fees, system connection fees and installation fees.

Application approved:_____ Date:_____