CARSON CITY WATER/SEWER CONNECTION APPLICATION SINGLE FAMILY DWELLING/DUPLEX

SERVICE ADDRESS _____ **OR PARCEL NO.** _____

PROJECT DESCRIPTION [ ] **SINGLE FAMILY HOME** [ ] **DUPLEX**
[ ] **MOBILE HOME ON LOT**
[ ] **MOBILE HOME IN PARK**

PARCEL HAS EXISTING [ ] **WATER SERVICE LATERAL** [ ] **WELL**
[ ] **SEWER LATERAL** [ ] **SEPTIC**

TYPE OF SERVICE REQUIRED: *(CHECK ALL THAT APPLY)*

***QUANTITY*:**

____ **5/8" X 3/4" DOMESTIC WATER METER**

_____ **1" DOMESTIC WATER METER**

[ ] **CITY SEWER**

[ ] **SEPTIC**

METER AND SERVICE COMMENTS: _____

_____

_____

[ ] **CITY INSTALLED WATER SERVICE FOR: 5/8" X 3/4" WATER METER**

[ ] **DUAL CITY INSTALLED WATER SERVICE FOR: 5/8" X 3/4" WATER METERS**

[ ] **CITY INSTALLED WATER SERVICE FOR: 1" WATER METER**

[ ] **WELL (SEPARATE PERMIT REQUIRED FROM UTILITIES)**

[ ] **OTHER** _____

_____

_____

BILLING INFORMATION: *(ACCOUNTS WILL BE BILLED TO CONTRACTOR OR OWNER)*

PERSON RESPONSIBLE FOR BILLING:

[ ] **CONTRACTOR** [ ] **OWNER**

_____
PRINT NAME

_____
SIGNATURE **DATE**

NAME: _____

ADDRESS: _____

_____ **ZIP:** _____

PH. NO.: (_____) _____

FAX NO.: (_____) _____

FOR CITY USE ONLY:

CCPW NO.:_____

COMMENTS: _____

_____

_____

APPROVED BY: _____**DATE:**_____

November 8, 2006
A:/Masters/WatersewCon.wpd