

VILLAGE OF ESSEX JUNCTION WATER/SEWER SERVICE

NOTE: APPLICATIONS TO BE ATTACHED TO OTHER APPLICATIONS, IF SERVICE IS REQUESTED. SEE FEE SCHEDULE TO DETERMINE COSTS. ATTACH A SITE PLAN DRAWN TO SCALE, WITH THE ROUTE OF THE WATER/SEWER SERVICE FROM THE MAIN TO THE BUILDING, INCLUDING THE HOOKUP LOCATION AND SIZE OF THE SERVICE.

PROPERTY LOCATION/ADDRESS _____

PROPERTY OWNER/ADDRESS _____

DAY PHONE NUMBER _____

INSTALLER NAME/ADDRESS _____

DAY PHONE NUMBER _____

WATER SERVICE/ZONING APPLICATION

TO SERVE ____ RESIDENTIAL OR ____ COMMERCIAL UNITS. FEE _____

SIZE OF SERVICE _____ INCH TYPE OF PIPE _____

CONNECTION REQUESTED FOR:

[] PUBLIC MAIN [] PRIVATE WATER SYSTEM (OTHER APPROVALS REQUIRED)

I certify that the information on this application is true and correct. I agree to abide by all the rules and regulations as specified in the Land Development Code and any conditions placed upon approval of this application. I will notify the Village at least 48 hours (excluding holidays and weekends) in advance when the water line is ready for inspection and connection to the public water. I understand that no portion of the line may be covered until it has been inspected by the Village.

APPLICANT _____

DATE _____

SEWER SERVICE/ZONING APPLICATION

TO SERVE ____ RESIDENTIAL OR ____ COMMERCIAL UNITS.

SIZE OF SERVICE _____ INCH TYPE OF PIPE _____ FEE _____

CONNECTION REQUESTED FOR:

[] PUBLIC MAIN [] PRIVATE SEWER SYSTEM (OTHER APPROVALS REQUIRED)

NO. OF BATHROOMS ____ FULL ____ 3/4 ____ 1/2 NO. OF KITCHENS ____

OTHER FIXTURES, PLEASE SPECIFY: _____

I certify that the information on this application is true and correct. I agree to abide by all the rules and regulations as specified in the Land Development Code and any conditions placed upon approval of this application. I will notify the Village at least 48 hours (excluding holidays and weekends) in advance when the sewer line is ready for inspection and connection to the public sewer. I understand that no portion of the line may be covered until it has been inspected by the Village.

APPLICANT _____

DATE _____

STAFF ACTION

DATE RECEIVED _____	WATER: APPROVED _____	DENIED _____
	SEWER: APPROVED _____	DENIED _____

AUTHORIZED PUBLIC WORKS PERSONNEL _____ DATE _____

ADMINISTRATIVE OFFICER (ZONING) _____ DATE _____

OTHER APPROVALS _____

CONDITIONS, IF ANY _____
