

CITY OF ESSEX JUNCTION WATER/SEWER SERVICE

Note: applications to be attached to other applications, if service is requested. See our 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 hook-up 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.

Size of service _____ inch. Type of pipe _____

Connection requested for:

{ } Public main { } Private water system (Other approvals required)

Fee Amount: _____

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

Applicant

Date

SEWER SERVICE/ZONING APPLICATION

To Serve _____ residential or _____ commercial units.

Size of service) _____ inch. Type of pipe _____

Connection requested for:

{ } Public main { } Private water system (Other approvals required)

Fee Amount: _____

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 the approval of this application. I will notify the City at least 48hours (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 this line may be covered until the City inspected it.

Applicant

Date

STAFF ACTION

Date Received _____

Authorized Public Works Personnel Date

Development Personnel Date

Fee Verified:

Conditions, if any _____