SOUTH NORWALK ELECTRIC AND WATER

APPLICATION FOR NEW or MODIFIED WATER SERVICE

PLEASE PRINT WITH INK or TYPE **DATE:**

Property Owner's Name Currently Recorded with Town Clerk | Location; Address; Tax Lot No.; Block; and District required

Applicant's Name (Same if Owner) | Applicant's Address

Home Phone | Business Phone | Town | State | Zip

Application is For ☐ New Service ☐ Modification of Existing ☐ Renewal of Existing

Type of Service

☐ Single Family[1] ☐ Business - Commerical[2] ☐ Manufacturing[2]

☐ Two Family Structure[1] ☐ Office[2] ☐ Heavy Industrial[2]

☐ Multiple Family[2]

Notes: 1) A-2 certified Plot plan MUST accompany applications.

2) A-2 ceritified Plot and detailed site and utility plans MUST accompany applications.

Name of Architect, engineer, Designer (if applicable) | Address | Phone

Type of Service Required

☐ Domestic Only (including Process Water)

☐ Fire Only

☐ Fire and Domestic Separate

☐ Fire and Domestic Combined

FIRE SERVICES (if applicable):

_____ GPM required at _____ psi residual

Type: ☐ Wet ☐ Dry ☐ Antifreeze ☐ Foam

Yard Hydrants: No.: _____ Type: _____

Other: _____

Fixtures	No.	Inlet Size	Fixtures	No.	Inlet Size
Toilets			Lav Sinks		
Flush Valve			Kitchen Sinks		
Tank Type			Clothes Washers		
Shower Stalls			Dishwashers		
Bath Tubs			Hose Connections		
Shower/Bath comb.					

	YES	NO
City Sewer	☐	☐
Basement	☐	☐
Existing Well	☐	☐
Boiler Corrosion Inhibitor	☐	☐

Bldg. Set Back _____ feet from prop. Line.

Comments, Explanations and Other Fixtures (Process, Cooling, Inground pool, Lawn Sprinklers, Etc.)

Applicant's Signature | Date

DO NOT WRITE BELOW THIS LINE, SOUTH NORWALK ELECTRIC AND WATER USE ONLY.

Department Action: _____

Meter Pit ☐ Yes ☐ No Type: _____

Service Size _____ inches Type: _____

Meter Size _____ inches Type: _____

Backflow Req. ☐ Yes ☐ No Type: _____

Others: _____

Employee Initials: _____ Estimated Cost: _____ Application No.: ☐☐☐☐☐☐

See Attached Estimate Account No.: ☐☐☐☐☐☐