

**First Taxing District Water Department
Norwalk, Connecticut**

APPLICATION NO.

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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.; Subdivision; etc.

Applicant's Name (Same If Owner)

Applicant's Address

Town

State

Zip

Telephone Numbers: Home:

Business

Application Is For

New Service

Modification of Existing

Renewal of Existing

PART A • for — Single Family, or Two Family Structure (A plot plan must accompany this application.)

Fixtures	No.	Inlet Size	Fixtures	No.	Inlet Size	Yes	No
Toilets	_____	_____	Lav Sinks	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Flush Valve	_____	_____	Kitchen Sink	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Tank Type	_____	_____	Clotheswasher	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Shower Stall	_____	_____	Dish Washer	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Bath Tub	_____	_____	Hose Connections	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Shower/Bath Comb.	_____	_____					

PART B • for — Multiple Family, Business-Commercial, (A plot plan and detailed plans must accompany this application.)
 Office, Manufacturing, or Heavy Industrial

Name or Architect, Engineer, Designer

Address

Phone

Type of Service Required

- Domestic Only (Including Process Water)
- Fire Only
- Fire and Domestic Separate
- Wet Cut Size

Domestic Service Peak Flow GPM _____

FIRE SERVICES: _____ GMP required at _____ psi residual
TYPE: Wet Dry Antifreeze Foam
Yard Hydrants No. _____ Type _____
Other: _____

	Yes	No	Fixtures	No.	Inlet Size	Fixtures	No.	Inlet Size
Meter Pit Required	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	_____	_____	Lav Sinks	_____	_____
Basement	<input type="checkbox"/>	<input type="checkbox"/>	Flush Valve	_____	_____	Kitchen Sink	_____	_____
Existing Well	<input type="checkbox"/>	<input type="checkbox"/>	Tank Type	_____	_____	Clotheswasher	_____	_____
Boiler Corrosion Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	Shower Stall	_____	_____	Dishwasher	_____	_____
			Bath Tub	_____	_____	Hose Connections	_____	_____
			Shower/Bath Comb.	_____	_____			

Parts A & B Comments, Explanations and Other Fixtures (Process, Cooling, Inground Pool, Lawn Sprinklers, Etc.)

Applicant's Signature _____

Date _____

Do Not Write Below This Line — Water Department Use Only

Department Action: _____
By: _____
Plan No. _____

Service Information

Meter Pit Yes No Type _____
Service Size _____ inch Type _____
Meter Size _____ inch Type _____
Backflow requirements Yes No Type _____
Tap Permit No. _____

**First Taxing District Water Department
Norwalk, Connecticut**

TAP NO.

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TAP PERMIT

DATE _____ METER NO. _____
 ACCT. NO. _____
 ROUTE NO. _____

(PRINT IN INK OR TYPE)

I, _____, HEREBY APPLY FOR A:

- NEW TAP
- RENEWAL
- WET CUT

for my property located at _____
 subject at all times to the Water Department Rules and Regulations as are now or may be hereafter
 established by said Commissioners.

Owner's Signature (currently recorded with Town Clerk) _____ Date _____

Owner's Signature (currently recorded with Town Clerk) _____ Date _____

OWNER'S MAILING ADDRESS _____

STATE OF CONNECTICUT)
 COUNTY OF) ss _____ 19____

Personally appeared the above named _____
 and swore to the truth of the information contained in the above application for tap.

 NOTARY PUBLIC

DO NOT WRITE BELOW THIS LINE — WATER DEPARTMENT USE ONLY

ACC'T. NO. _____
 ROUTE NO. _____
 PLUMBER'S NAME _____
 PLUMBER'S ADDRESS _____
 PLUMBER'S LICENSE NO. _____
 WET CUT CHARGE _____
 TAP CHARGE _____
 MATERIAL OR MISC. CHARGE _____
 REBATE CHARGE _____
 TOTAL COST _____

Permit number
 on open
 public street _____

METER PIT REQUIRED:
 YES NO

TAP SIZE _____ DATE TAPPED _____

WET CUT SIZE _____

 Approved By