

TOWN OF BATAVIA
~ WATER & SEWER SERVICE APPLICATION ~

Owner Property Information

SWIS Number: _____ Tax Parcel Number: _____
 Service Address: _____ City: _____ Zip: _____
 Owner Name: _____ Phone Number: _____
 Billing Address: _____ City: _____ Zip: _____
 Email Address: _____
 Property Type: Residential Commercial/Industrial Agricultural Other: _____
 Structure to be Served: Existing New Build

Please indicate the number of each fixture in the structure(s) to be served:

<u>Fixture</u>	<u>Count</u>	<u>Fixture</u>	<u>Count</u>	<u>Fixture</u>	<u>Count</u>
Toilet		Bathroom Sink		Dishwashing Machine	
Urinal		Kitchen Sink		Washing Machine	
Bath/Shower		Mop Sink; Spigot		Drinking Fountain	
Please list unique/additional fixtures (e.g. yard hydrant)?: _____					

Agent Contact Information

Project Contact: _____ Phone Number: _____
 Contact Address: _____ City: _____ Zip: _____

Water Service Request

Are you requesting water service? Yes No *(If yes, please complete the remainder of this section)*
 What is the service use? Domestic Fire Service Combined
 Do you have a home occupation (e.g. hair salon)? Yes _____ No
 Will your private well remain in service? Yes No
 What is the maximum flow required? (*non-residential only*): _____ gal./day & _____ gal./minute

Sewer Service Request

Are you requesting sewer service? Yes No *(If yes, please complete the remainder of this section)*
 Is an Industrial Discharge Permit required per §191-21 of the Town Code? Yes No
 What is the maximum sewer discharge? (*non-residential only*): _____ gal./day & _____ gal./minute

Applicant Agreement

In consideration of the granting of this permit, the undersigned agrees to accept and abide by all provisions in the Town Water and Sewer Usage Ordinances of the Town of Batavia and any amendments as may be, or have been, adopted from time to time, and all other pertinent ordinances or regulations that may be adopted in the future.

Applicant Signature: _____ Date: _____

Please return completed application to the Town of Batavia Clerk's Office. The Town will contact you to discuss your service location, line size, any special design criteria, and the connection fee (as applicable).

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Approval

_____ is hereby approved to for a public _____ service at the following address: _____. The connection fee is \$_____ and the recommended service size is _____ inches.

The connection is in _____'s Water District # _____

Conditional Approval Reason: _____

Conditional Approval Date: _____ Conditional Approver's Signature: _____

Final Approval Date: _____ Final Approval Signature: _____

Date Called: _____ Notes (if applicable): _____

~ Please reference the WATER & SEWER SERVICE APPLICATION INSTRUCTION SHEET for information regarding construction and inspection ~

Clerk's Office

Print Sketch & include: new service, existing utilities, labels.

Ensure applicant has obtained the appropriate water/sewer handouts.

Date Fee Paid: _____ Date Proof of Insurance Received: _____

Account Number: _____

Input: Lat/Long Muni Category Res/Comm Category PWS Category MMzone Category

Attachments

Sketch Printout Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Backflow App. Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Service Sizing Sheet Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Smart Growth App. Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wtr Acct Prel Report Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ag-Rate Request Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I.R./Service Card Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Other Attachments? _____