

TOWN OF ROMULUS WATER DEPARTMENT

P.O. Box 177, Willard, NY 14588

Office - 607-869-9326

MUNICIPAL WATER PERMIT APPLICATION

Date - _____

Service Information

New Service _____ (\$75.00 fee) Existing Service _____ (updated application)

Continuing Service _____ Seasonal Service _____

Please Note: New Municipal Water Service Application cannot be accepted or processed without the \$75.00 application fee.

Owner/Billing/Duly Authorized Agent Contact Information

Owners Name - _____

Address - _____ E-mail - _____

Mailing address - _____ Phone - _____

Billing Name - _____ E-Mail - _____

Billing Address - _____ Phone - _____

Duly Authorized Agent Name - _____ E-mail - _____

DAA Address - _____ Phone _____

Contractor Contact - Name _____ Phone - _____

Address _____ E-Mail - _____

Property Information

Service Address (es): _____

Structure Type: Single unit Residential _____ Multi unit Residential _____ Commercial _____ Industrial _____ Public Building _____

Number of structures to be serviced by water line - _____

If Multi unit residential – Number of units to be serviced - _____

If commercial or Industrial – Numbers of units to be serviced - _____

If commercial or public building – Number of people to serviced - _____

Current Water Supply and/or Auxiliary Water Supply:

Do you have a well(s) on the property, either working or abandoned? Yes___ No___

If Yes, numbers of wells? - _____ Locations - _____

Do you currently have a lake water supply system? Yes___ No___

Owner/Duly Authorized Agent Agreement

I certify that the statements and information herein contained are true to the best of my knowledge and belief and the proposed construction and use will comply with all applicable regulations.

I have reviewed and understand the current rules and regulations of the Romulus Water District and agree to comply.

I understand that a cross-connection survey (site visit) may be performed at the above service address and that backflow prevention requirements may be imposed at anytime commensurate with the degree of hazard established by state laws, regulations, and codes.

I also grant permission for the Romulus Water Department or their agents to enter the property and structures thereon as frequently as necessary to inspect same for compliance.

Signature of Owner - _____ Date _____

Signature of Duly Authorized Agent - _____ Date - _____

FOR OFFICE USE ONLY

Water District – Rt. 89___ Romulus___ Willard___ Property Tax ID # - _____

Date Paid - _____ Amount Paid - _____ Cash___ Check___ Check# _____

Account # - _____ Meter Sequence # - _____

Date of onsite survey - _____ Date of installation- _____

Date of final inspection- _____ Meter sealed by - _____

Meter Serial # - _____ Meter EID # - _____

Service Exemptions? Yes No

Exemptions Notes: _____