

Water and Sewer Connection Application

TYPE OR PRINT CLEARLY

PROJECT INFORMATION	
Project Address: _____ Parcel No: _____ Valuation of Project: _____	Lot _____ Block _____ Subdivision _____ Legal description _____
OWNER INFORMATION	
Property owner: _____ Telephone number: () _____ - _____	Mailing address: _____ _____
LICENSED PLUMBING CONTRACTOR	
Company name: _____ Contact person: _____ Telephone number: () _____ - _____ Fax number: () _____ - _____	License/registration # _____ Mailing Address: _____ _____ E-mail address: _____
PROJECT TYPE AND USE DESCRIPTION (Please check all that apply)	
Project type: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Irrigation <input type="checkbox"/> Other _____	
Is the project a multi-family use: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of dwelling units: _____	No. of sprinkler heads: _____ Backflow device: _____

(Note: it is up to the applicant to arrange for the account to be set up at City Hall, 100 North Street. Until billing is set up, tap work order will be issued. If applicant is not responsible for billing, applicant is to notify those responsible of this requirement.

Who will be responsible for the initial monthly billing: _____	Water service size requested: _____ Sewer service size requested: _____
Preferred placement of service: _____ (Placement shall be upon city right-of-way unless otherwise approved)	Fees: Sewer Connection Fee\$ _____ Water Connection Fee\$ _____ Total\$ _____ Sales Tax @7%\$ _____ Total Fees\$ _____
Will service be located in any pavement: <input type="checkbox"/> Yes <input type="checkbox"/> No (Where possible, avoid traffic areas. Contractor shall set meter box to final grade.)	

CERTIFICATION

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not resume to give authority to violate or cancel the provisions of any other State of Mississippi, City of Cleveland, Bolivar County, or U. S. law regulating water or sewer installations.

Signature of licensed plumber

Date

For office use only

Date Received	Received By	Application No.	Permit Fee
Signature of Approval		Date of Approval	