



Town of Carthage

Installation of New Water/Sewer Service Permit Application

Date: _____ LRK#: _____ Lot#: _____

Service Address: _____

Applicant Name: _____

Property Owner: _____
(if different)

Applicant Phone: _____

Applicant Email: _____

Type of Account

- Single Family Residential
Number of bedrooms _____
- Multi-Family Residential
- Commercial
- Other _____

Service & Meter Size Requested

- Water ¾" 1" 1 ½" 2"
- Sewer 4" 6"
- Irrigation ¾" 1" 1 ½" 2"
- Other _____

FOR OFFICE USE ONLY

	Water	Sewer	Irrigation	Fire Control
Service Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meter Size				
Pre-Installed	\$	\$	\$	\$
Tap Fee	\$	\$	\$	\$
System Development Fee	\$	\$	\$	\$
Street Cut	\$	\$	\$	\$
Subtotals	\$	\$	\$	\$

Total Amount Due: \$ _____

Backflow Preventer Required: Yes No

Quoted by: _____

Date Quoted: _____

Account #: _____

Date Paid: _____

ALL QUOTES VALID FOR 30 DAYS ONLY FROM THE DATE OF ORIGINAL QUOTE