

TOWN OF WEAVERVILLE  
WATER DEPARTMENT  
**APPLICATION FOR A NEW WATER TAP AND SERVICE CONNECTION**  
SINGLE FAMILY HOMES ONLY  
(ALL OTHER SERVICE REQUIRES A COMMITMENT LETTER)

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DAYTIME PHONE NUMBER: \_\_\_\_\_

**SERVICE INFORMATION**

PHYSICAL LOCATION WHERE SERVICE IS REQUESTED: \_\_\_\_\_

PLEASE GIVE DIRECTIONS TO THE PHYSICAL LOCATION OF THE PROJECT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT ALL APPLICABLE TAP AND DEPLETION FEES MUST BE PAID WITHIN 30 DAYS OF APPROVAL OF THIS APPLICATION.

APPLICANT'S SIGNATURE: \_\_\_\_\_

.....

**(WATER DEPARTMENT USE ONLY)**

IS WATER SERVICE AVAILABLE TO THIS LOCATION? YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

IS A COMMITMENT OR ADVISORY LETTER REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

IS APPLICANT REQUIRED TO PAY A TAP FEE? YES \_\_\_\_\_ NO \_\_\_\_\_

IS APPLICATE REQUIRED TO PAY DEPLETION FEE? YES \_\_\_\_\_ NO \_\_\_\_\_

WATER DEPARTMENT REVIEWERS INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

**(BILLING OFFICE USE ONLY)**

HAS APPLICANT BEEN INVOICED FOR SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_

PAYMENT RECORD: PAYMENT DATE: \_\_\_\_\_ PAYMENT AMOUNT: \_\_\_\_\_

DATE WORK ORDER WAS SENT TO WATER DEPARTMENT? \_\_\_\_\_

BILLING OFFICE REVIEWERS INITIALS: \_\_\_\_\_