

TOWN OF WEAVERVILLE
WATER DEPARTMENT

APPLICATION FOR A COMMITMENT LETTER

APPLICANTS NAME: _____

PROJECT NAME: _____

ADDRESS: _____

LOCATION: _____

PHONE NUMBER: _____

PIN NUMBER: _____

ELEVATION: _____

TYPE OF SERVICE:

- | | | |
|-------------|--------------------------|---|
| RESIDENTIAL | <input type="checkbox"/> | SINGLE FAMILY HOME |
| | <input type="checkbox"/> | TWO FAMILY _____ NUMBER OF BUILDINGS |
| | <input type="checkbox"/> | MULTI-FAMILY _____ NO. OF BUILDINGS _____ UNITS PER BUILDING |
| | <input type="checkbox"/> | RESIDENTIAL SUBDIVISION _____ NO. OF LOTS |
| COMMERCIAL | <input type="checkbox"/> | SINGLE COMMERCIAL BUILDING |
| | <input type="checkbox"/> | UNIFIED BUSINESS DEVELOPMENT _____ NO. OF BUILDINGS
_____ NO. OF UNITS |
| INDUSTRIAL | <input type="checkbox"/> | SANITARY FACILITIES ONLY |
| | <input type="checkbox"/> | SANITARY & INDUSTRIAL PROCESS WATER |
| OTHER | <input type="checkbox"/> | FIRE SPRINKLER SYSTEM |
| | <input type="checkbox"/> | IRRIGATION SYSTEM |
| | <input type="checkbox"/> | _____ |

CAPACITY REQUESTED:

MAXIMUM GALLONS PER MINUTE _____

MAXIMUM GALLONS PER DAY _____

ANTICIPATED DATE OF SERVICE _____

PROJECT DESCRIPTION:

By way of Attachment(s) provide as much information as possible about this project. At minimum, attach A copy of the County Tax Map showing the location of the property. If the project involves a subdivision or more than one building location, a topographic map of the property is required to show building or lot Elevation.

ACKNOWLEDGEMENT:

I _____ understand that the processing fee of \$ _____ paid herewith is non-refundable and is to cover the costs of processing and investigating this request and that an additional Commitment Fee based on the size and number of connections is due upon approval. It is further understood that the Town has the exclusive right to deny the request for any reason whatsoever.

Signature _____

Date _____