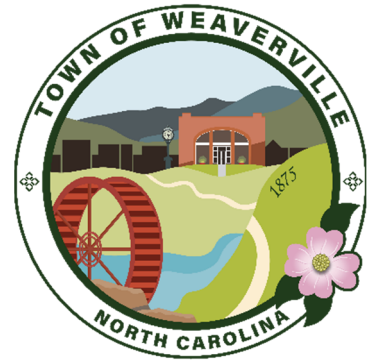


# Application for a New Water Tap & Service Connection

## Single Family Homes Only

(All other service requires a Commitment Letter)



Town of Weaverville  
Water Department  
PO Box 338, Weaverville, NC 28787  
(828) 645-7116

### Application Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

### Service Information:

Physical location where service is requested: \_\_\_\_\_

Buncombe County Parcel Identification Number (PIN): \_\_\_\_\_

Please give detailed directions to the physical address of property to be served:

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

I understand that all applicable Tap and Depletion fees must be paid within 30 days of approval of this application.

Applicants 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 applicant required to pay a Depletion Fee? Yes \_\_\_\_\_ No \_\_\_\_\_

Water Department Reviewers Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### (BILLING OFFICE USE ONLY)

Payment Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date work order was sent to Water Department: \_\_\_\_\_

Billing Office Reviewer Initials: \_\_\_\_\_