

Appendix B Town of Waitsfield Community Water Commission Water Service Allocation & Connection Permit Application

Property Owner: _____

Applicant: _____

Mailing Address: _____

Property Location: _____

Phone: _____ Email: _____

I hereby apply for permission to construct a:

☐ **New Water Service:** See Town of Waitsfield Water Ordinance, Sections 9 and Appendix A .

☐ **Other:** _____

Name, address of Contractor, Company or Individual who will undertake the proposed work:

Name _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Water Service Information:

1. ☐ Commercial ☐ Residential ☐ Industrial ☐ Other (describe) _____

2. Type and Size of Service: _____

3. Permitted or estimated wastewater capacity (gallons per day): _____

4. Estimated water usage per quarter/year: _____

5. Water supply pipe diameter (inches): _____

6. Fire suppression system ☐ Yes ☐ No Details: _____

Permit Conditions:

1. Work must commence within one year from the date of this permit.
2. The Water System Operator must be contacted 15 days in advance for a pre-construction meeting and construction phase (see Water Ordinance).
3. No work may begin without signed Water Commission and Water System Operator review and approval.
4. Final inspection and approval by Water Commission and Water System Operator is required prior to water service use. Any use without Approval of both Water Commission and Operator will be subject to penalties per Water Ordinance.
5. All Allocation and/or Connection fees shall be paid at the time service connection(s) are constructed.
6. Applicant is responsible for all labor and material costs of connection (not including water meter for residential services less than 1,000 gpd) and Water System Operator's inspection costs.
7. Additional Permit(s) may be required by State of Vermont and/or Water Commission.
8. New service connection construction cannot begin until coordinated with Water System Operator. A minimum of 48 hours advance notice is required for scheduling. Construction is only permitted to commence M-TH, 700am -330pm, April 15 through Nov 15.

Signatures:

I (we) hereby certify that I (we) have read the applicable provisions of the Town of Waitsfield Community Water Ordinance and I agree to abide by the terms and conditions contained therein, conditions as noted above or attached to this Permit. Moreover, I (we) certify that the information contained in this application is true and correct to the best of my knowledge and agree that this permit may be revoked for any negligent or intentional misrepresentation.

Applicant: _____

Date: _____

Applicant: _____

Date: _____

OFFICE USE ONLY:

Connection Fees: Water \$ _____ Final Inspection: \$ _____ Other: \$ _____

\$ _____ Connection Fees Paid _____ Approved by: _____

Date

Water Commission

Date

Check # _____ Property Tax I.D.# _____

Inspected by: _____ Date(s): _____

Comments: _____