



**WATER SERVICE CHANGE OF USE or BUSINESS OCCUPANCY PERMIT**

Applicants Name : \_\_\_\_\_

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

Phone Number : \_\_\_\_\_ Work # : \_\_\_\_\_ Cell # : \_\_\_\_\_

Contact Person : \_\_\_\_\_ Phone # : \_\_\_\_\_

Email address : \_\_\_\_\_

**Property :**

Property Owner's Name: \_\_\_\_\_ Map/Lot # : \_\_\_\_\_

Street Address : \_\_\_\_\_

Current Use: \_\_\_\_\_ Residential - Single family  
\_\_\_\_\_ Residential - Multi-family (# of units \_\_\_\_\_)  
\_\_\_\_\_ Commercial (list type \_\_\_\_\_)  
\_\_\_\_\_ Industrial  
\_\_\_\_\_ Other: Description - \_\_\_\_\_

\*\*\*\*\*

Proposed Use: \_\_\_\_\_ Residential - Single family  
\_\_\_\_\_ Residential - Multi-family (# of units \_\_\_\_\_)  
\_\_\_\_\_ Commercial (list type \_\_\_\_\_)  
\_\_\_\_\_ Industrial  
\_\_\_\_\_ Other: Description - \_\_\_\_\_

Please provide a description of the intended change of use (you may attach a separate paper if there is not enough room): \_\_\_\_\_

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

**\*Additional charges may be required if a new service connection is needed in the street, for engineering review of plans and/or legal fees.**

A backflow survey may need to be performed by the Commission's certified backflow representative to determine the proposed use level of hazard and type of backflow that may be required. If it is determined that a testable backflow is required, the owner will be notified of the device that must be installed. Once installed, the device must be inspected and tested by the Commission's authorized backflow professional prior to the Certificate of Occupancy being issued. The fee for the inspection and test is \$100.

Comments:

Property Owner Signature

Date

\*\*\*\*\*Please attach a complete set of plans and any additional information or clarification.

**Water Service Request**

Rec'd by : \_\_\_\_\_ Date:\_\_\_\_\_ Amount:\$\_\_\_\_\_ Chk. #\_\_\_\_\_

**Application:**

Approved - - Disapproved: Date:\_\_\_\_\_

Water and Sewer Commissioner

Conditions/Comments:

Approved - - Disapproved: Date:\_\_\_\_\_

Water and Sewer Inspector