

APPLICATION FOR SEWER AND WATER SERVICE PERMIT
VILLAGE OF MENOMONEE FALLS
(THIS IS NOT THE PERMIT)

Per Sec. 110.27 Municipal Code of Menomonee Falls:

- The Water Utility will inspect all Fire Lines or Domestic Lines from water main to curb box (curb stop).
- The Plumbing Inspector will inspect under ground services under 2" from curb stop to dwelling.
- Plumber to arrange with Utility for inspection before Back Fill & Pressure test of main. **(A 24-hour notification is required for a Pressure Test of Fire Mains.)**
- Meter will be issued and water will be turned on after inspection has been made, pressure test approved and proof of purity has been met.
- All material must be in accordance with the Village of Menomonee Falls specifications.

ALL AREAS MUST BE FILLED IN

FORM TO BE COMPLETED BY PLUMBER

Date: _____

_____ Application for SEWER AND WATER Service

_____ Tapping Water Main

_____ Application for SEWER ONLY Service

_____ Connecting to existing curb stop

_____ Application for WATER ONLY Service

Owner's Name _____

Mailing Address _____

Phone No. _____

Plumbing Contractor's Name _____

Mailing Address _____

Phone No. _____

***COMMERCIAL USE** _____ ***INDUSTRIAL USE** _____ ***RESIDENTIAL USE** _____

LOCATION: Subdivision: _____ **LOT#:** _____
Address: _____

SERVICE SIZE: POLY _____ DUCTILE IRON _____ COPPER _____ PVC _____

LENGTH OF SERVICE: From water main to curb stop: _____ **or** Curb stop to meter _____

SERVICE USE: Domestic _____ Fire line _____ Hydrant _____

METER SIZE: (Circle one) 5/8" X 3/4" 1" 1 1/2" 2" 3" 4" 6" 8"

Unless otherwise authorized by the Water Utility, compound meters shall be used for commercial and industrial application.

Plumber/Owner: _____ **Date:** _____

***Work cannot begin until service application is approved and contractor receives permit.**

To be completed by Superintendent

SIZE OF WATER MAIN: _____

DEPTH OF WATER MAIN: _____

WATER PRESSURE: _____

DATE APPROVED: _____

DATE DISAPPROVED: _____

REASON: _____

☐ **80 LBS & ABOVE - PRESSURE REDUCER REQUIRED**

Signature: _____
Water Utility Superintendent

UTILITY BILLING INFORMATION:

(For office use only)

ACCOUNT # _____

BILLING DISTRICT _____

BILLING ROUTE _____

SEQUENCE # _____

PERMIT NO. _____