

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. | _____ |
|------------|-------|