

## **APPLICATION FOR UTILITY CONNECTION**

DATE:	TYPE: DOMESTIC IRRIGATION
SERVICE ADDRESS:	
APPLICANT'S NAME:	
APPLICANT'S PHONE:	
APPLICANT'S ADDRESS:	
PROPERY OWNER'S NAME (if differen	t):
PROPERTY OWNER'S MAILING ADRI	ESS (if different):
PHONE NUMBER:	
REQUESTED SIZE OF UTILITY CONN	ECTION (meter size or sewer tap size):
TOTAL SYSTEM DEVELOPMENT FEE	S (see chart):
Water Fee:	Sewer Fee:
METER/MXU FEE (varies based on mark	et rate):
ADMINISTRATIVE FEE: \$100	
shall be installed by a licensed utility con Jamestown must inspect and approve all u	er Operations Ordinances, all utilities/taps/meters and associated hardward tractor and per the Town of Jamestown's specifications. The Town of tility work before service is rendered. Backflow prevention devices malays prior to requiring inspections so that staff may schedule accordingly the Town's procedures and standards.
Any other questions may be addressed to the	ne Public Services Department at 336.454.1138.
SIGNATURE OF APPLICANT	DATE
DATE DAID:	