

Borough of Doylestown
Water Department
Flow Test and Will Serve Letter Request

Hours of Operation
Monday – Friday
8:30 a.m. – 4:30 p.m.

PROJECT INFORMATION

Property Address for Water Service: _____

Parcel Number(s): _____

Owner Name: _____ Owner Phone# _____

Owner Mailing Address: _____

Owner Email Address: _____

Applicant Name: _____ Applicant Phone# _____

Applicant Mailing Address: _____

Applicant Email Address: _____

Proposed Improvement (Check all that apply, Attach plan if applicable):

Change in Use New Construction Addition

Irrigation System New/Replacement Connection to Main

Type of Structure(s) to be served by Doylestown Borough Water Department:

Single Family Residence Residential Development

Multi-Family Residential Commercial/Industrial/Institution

Expected Demand: Brief description of project that will receive Borough Service(s) (e.g. conversion of retail space to 50-seat restaurant with sprinklers) _____

Demand Information:

Projected Fire Flow Demand (Gallons Per Minute): _____

Projected Daily Flow Demand (Gallons Per Day): _____

Number and Size of Connection(s): _____

Signature of Applicant: _____ Date: _____

APPLICATION PROCESSING RECORD (Borough Office Use Only)

Check Number: _____ Date Received: _____ Received by: _____

WATER DEPARTMENT REVIEW

Fire Flow Test Results Attached Response to Will Serve Letter Attached

Anticipated Tapping Fee Based on Information Provided by Applicant _____

Number and Size of Meters (To be purchased at cost): _____

Comments: _____

Water Director Signature: _____

cc: Building & Zoning Department