

**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