

South Amherst Board of Public Affairs  
103 West Main St  
South Amherst, Ohio 44001  
Phone: (440) 986-2222 ext. 1 FAX: (440) 986-2270  
E-mail: waterclerk@southamherst.org

RESIDENTIAL WATER TAP APPLICATION Date of Application: \_\_\_\_\_

**All agreements must be completed, signed and tap fee deposit paid before work commences. The balance of the tap fee expenses must be paid by upon receipt of the final invoice.**

I hereby make application for water tap and a curb stop, to be installed at the following location and agree to all requirements. Usage **must** commence within **one** year of application date. Water billing chargers **will** commence once the service has been turned on.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant **(If other than property owner)**: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please be specific in the information you provide and any data that you can provide to the Authority regarding the anticipated water consumption for your use will assist the Authority in accurately assessing the tap fee. If available, please attach a drawing or site plan showing the buildings to be constructed.

1) Type of Lot Use Proposed:

- \_\_\_ Single Family Dwelling (3/4" tap or 1")
- \_\_\_ Two Family Dwelling Unit
- \_\_\_ Multiple Use Units (Multiple single family or multiple units per structure)
- \_\_\_ Commercial (Specify Type) \_\_\_\_\_
- \_\_\_ Industrial (Specify Type) \_\_\_\_\_
- \_\_\_ Other (Specify Type) \_\_\_\_\_

Water Service Tap Size: 3/4" \_\_\_\_\_ 1" \_\_\_\_\_

Line Size: 3/4" \_\_\_\_\_ 1" \_\_\_\_\_

Line Type: 3/4" \_\_\_\_\_ 1" \_\_\_\_\_

2) **Tap-In Fee Deposit Enclosed:** Water Tap Deposit fee \$ \_\_\_\_\_ Check# \_\_\_\_\_

3) Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4) Municipal Authority Approval: \_\_\_\_\_ Date: \_\_\_\_\_

5) Inspection Representative Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

**Billing information (Required):**

Name for billing: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Billing Authorization Signature:** \_\_\_\_\_

RESIDENTIAL WATER TAP APPLICATION CONTINUED

**Contractor Information (Required):** **S.A. Contactor Permit#** \_\_\_\_\_

Contactor/Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_

**SPECIFICATIONS FOR SERVICE LINE INSTALLATION**

**RESIDENTIAL:**

- 1) Use of tracer wire from curb box to building.
- 2) All connections to be compression/gripper gaskets.
- 3) Line to be buried at least four (4) feet deep.
- 4) No line to be covered until inspected and approved by Authority representative. **Scheduling must be done 24 hours in advanced.**
- 5) No trash to be put in ditch with line.
- 6) Backfill to be sand 1' above pipe.
- 7) 3/4" or 1" stop and water valve on end of waterline, in basement.
- 8) Meter connections to be 13" apart. (Authority to furnish meter stubs.)
- 9) Meter connections to be located from two (2) to four (4) feet from floor in a place of easy access, and where it will not freeze.
- 10) Water to be turned on at curb stop by representative of the Authority only. All water must be metered with a remote or radio ID unit. This must be completed before water is turned on.

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**For Office Use Only:**

Security Deposit required Y or N

Received:	Water Tap Amt.: \$ _____	Date Paid: __/__/__	Check No.: _____	By: _____
	Turn On Amt.: \$ _____	Date Paid: __/__/__	Check No.: _____	By: _____
	Meter/Pit Amt: \$. _____	Date Paid: __/__/__	Check No.: _____	By: _____
	Wages: \$ _____	Date Paid: __/__/__	Check No.: _____	By: _____
	Security Deposit: \$ _____	Date Paid: __/__/__	Check No.: _____	By: _____

**Account No. assigned:** \_\_\_\_\_