



Installation of Water / Sewer Service Permit Application

Customer Name: _____ Phone: _____ / PIN: _____
 E-mail: _____
 Service Address: _____ City: _____

Type of Account

- | | | | | | |
|---|-------------------------------------|-------------------------------|-----------------------------|---------------------------------|-----------------------------|
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> Water | <input type="checkbox"/> 3/4" | <input type="checkbox"/> 1" | <input type="checkbox"/> 1-1/2" | <input type="checkbox"/> 2" |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Sewer | <input type="checkbox"/> 4" | <input type="checkbox"/> 6" | | |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Irrigation | <input type="checkbox"/> 3/4" | <input type="checkbox"/> 1" | <input type="checkbox"/> 1-1/2" | <input type="checkbox"/> 2" |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | _____ | | | |

OFFICE USE

Date Paid _____	In Town <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Account # _____		_____	\$ _____
Work Order # _____		_____	\$ _____
Route & Sequence # _____		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		TOTAL AMOUNT PAID	\$ _____

	<u>WATER</u>	<u>SEWER</u>	<u>IRRIGATION</u>	<u>FIRE CONTROL</u>	<u>MC SEWER</u>
			<u>WATER</u>	<u>WATER</u>	
Service Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Size	_____ "	_____ "	_____ "	_____ "	
Tap Fee	\$ _____	\$ _____	\$ _____	\$ _____	*Backflow Preventer required - see memo <input type="checkbox"/> Yes <input type="checkbox"/> No
System Development Fee	\$ _____	\$ _____	\$ _____	\$ _____	
Street Cut	\$ _____	\$ _____	\$ _____	\$ _____	
Sub Totals	\$ _____	\$ _____	\$ _____	\$ _____	
Total	\$ _____				

Fee schedules are updated annually, October 1st, according to CPI-U. Applications are subject to current fees at time of payment

Delinquent Water Bill Yes No Quoted by _____ (signature) Date Quoted _____

UTILITY BILLING OFFICE
 TOWN OF SOUTHERN PINES
 180 SW BROAD STREET
 SOUTHERN PINES, NORTH CAROLINA 28387