



FRANCONIA WATER DEPARTMENT

APPLICATION FOR WATER SERVICE

DATE: _____

APPLICATION FEE OF \$100 DUE WITH SUBMISSION.

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

- _____ NEW WATER SERVICE FOR NEW CUSTOMER
- _____ ADDITIONAL WATER SERVICE FOR EXISTING CUSTOMER

TYPE OF USE

- _____ RESIDENTIAL
- _____ NON-RESIDENTIAL OR MULTI-FAMILY UNIT

NEW OR EXISTING STRUCTURE

_____ EXISTING STRUCTURE - ADDRESS, & IF APPLICABLE, WHAT ADDITIONAL SERVICE NEEDED FOR:

_____ NEW CONSTRUCTION:

NUMBER OF UNITS: _____

NUMBER OF BUILDINGS: _____

ANTICIPATED MAXIMUM OCCUPANCY: _____

NUMBER OF RESTROOMS: _____

NUMBER OF KITCHENS: _____

SPRINKLER SYSTEM: YES _____ NO _____

IF YES, HOW MANY SPRINKLER HEADS WILL BE INSTALLED? _____

ANTICIPATED START DATE OF CONSTRUCTION: _____

NAME OF CONSTRUCTION COMPANY TO BE USED: _____

ADDITIONAL: _____

FOR WATER DEPARTMENT USE ONLY:

_____ APPLICATION FEE RECEIVED

_____ APPROVED _____ DENIED

DATE: _____

Board of Commissioners, Franconia Water Department:
