APPLICATION FOR NEW CITY SERVICE OUTSIDE CORPORATE LIMITS OF THE CITY OF LANCASTER

WATER AND/OR SEWER SERVICE CONNECTIONS ON EXISTING LINES OR EXTENSIONS OF WATER AND/OR SEWER LINES

For Office Use Only:
Application Number: ________ Received By: ______ Reviewed By: ______ Date: ______

Information to Applicant
In order for properties located outside of the corporate limits to receive access to water and/or sewer service, the owner(s) of the property where service is rendered, must sign an agreement placing a restrictive covenant on the property. This agreement obligates the owner(s) and all future owner(s) to sign annexation petition(s) when requested by the City at any time in the future when annexation of the area becomes feasible. It also authorizes Powers & Powers-Norrell, as Attorney in Fact for the Owner, to sign a power of attorney for annexation petitions.

The application along with the annexation agreement must be completed in its entirety. Upon receipt and verification of satisfactorily completed documents, along with payment of recording fees ($25.00), city staff will, within three (3) working days from receipt of completed information, have the appropriate documents duly recorded. You will be provided with a copy of the recorded document along with written notification of payment method to obtain service.

A Copy of the Deed AND/OR Plat of all Property subject to service by the City of Lancaster MUST be attached in order to process your application.

1. Location of Property: ________________________________________________________________

2. Tax Map: ______________________________________________________(Lot Number)________

3. Owner/Business: ________________________________________________________________

4. If applying for NEW SERVICE: Proposed Use _____________________________________________

Zoning confirmation provided ________ (see attached)

5. Person(s) responsible for temporary/permanent water service billing:
   (Circle one)

   ___________________________________________________________________________________

   Address: ___________________________________________________________________________

   Mailing/BillingAddress: __________________________________________________________________ (If different from above)

   Phone Number: Business: __________________________ Home: __________________________

6. Plumbing Contractor (if applicable): __________________________________________________

   Address: ___________________________________________________________________________

   Phone Number: Business: __________________________ Home: __________________________

7. General Contractor (if applicable): ____________________________________________________

   Address: ___________________________________________________________________________

   Phone Number: Business: __________________________ Home: __________________________
<table>
<thead>
<tr>
<th>Applicant’s Social Security Number: ________________________________</th>
<th>Years: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed By: ________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Driver’s License Number: ______________________________________</td>
<td></td>
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<tr>
<td>Spouse’s Name: ______________________________________________</td>
<td></td>
</tr>
<tr>
<td>Spouse Employed By: __________________________________________</td>
<td></td>
</tr>
<tr>
<td>Social Security Number: ________________________________________</td>
<td></td>
</tr>
<tr>
<td>Previous Address: _____________________________________________</td>
<td></td>
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</tbody>
</table>

Have you had water/sewer service with the City of Lancaster before? __________
If yes, list address(es): ____________________________________________________
__________________________________________________________________________

I hereby authorize the City of Lancaster to verify any of the above information for validity. I certify that all of the above information is correct. I understand that any bills I leave owing the City of Lancaster after service has been disconnected will be turned over to the State Tax Commission for payment collection. It is understood by me, this application will constitute a contract between **THE UNDERSIGNED** and the City of Lancaster by which I agree to comply with all rules and regulations currently established or that may be adopted by City Council relating to the City of Lancaster’s water and sewer system.

Name of Applicant (PLEASE PRINT) ____________________________________________

Signature of Applicant ___________________________ Date _______________________

8. Location Sketch (or attach plat):

|                                                                                       |
|                                                                                       |
CHECK APPLICABLE BOXES

9. Annexation □
10. Permanent Structure □ Mobile Home □
11. Sewer Tap: Replacement Tap □ New Tap □
   Quantity____  Size____  Fee: __________
12. Water Tap: Quantity____  Size____  Fee: __________
   For Fire Line? ________________
   If yes, installed by contractor? ________________
13. Irrigation Meter:
   T-tap (RESIDENTIAL ONLY) □ Separate Meter □ Fee: __________
   Quantity____  Size____  Fee: __________
   Will an irrigation system be installed?  Yes □ No □
14. Outside City Limits Inspection - Water Fee: __________
    Inspection - Sewer Fee: __________
15. Deposit Fee Fee: __________
16. Additional Fee Fee: __________
   • Explain ________________________________

*If Restrictive Covenant, enter recorded date ________________

17. Amount Due Total Fees: __________
18. Date Paid ________  Check No. ________  Cash ________
19. Bill To: Contractor: □ Owner: □

TO BE COMPLETED BY CITY PUBLIC WORKS STAFF

20. Utility line in roadway: ________________________________
21. State Encroachment Permit Required: Yes ____ No ____
22. Utility easement needed:  Yes ____  No ____
   If yes, provide detailed information and instructions.
   ____________________________________________________________________
23. **Water Backflow Preventor** to be installed by contractor on water service
   Yes ____  No _____  Type ______________________

24. **Sewer Backflow Preventor** to be installed by contractor
   Yes ____  No _____  Type ______________________

25. Is water available?  Yes ____  No _____

26. Is sewer available?  Yes ____  No _____

27. Are there any additional fees associated?  Yes ____  No _____  *If yes, please attach cost computation*

28. **COMMENTS:**

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Researched by: ____________________________ Date ____________
Utility Superintendent

Approved by: ____________________________ Date ____________
Public Works Director