



APPLICATION FOR NEW CITY SERVICE ***INSIDE***
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: _____

1. Location of Property: _____

2. Tax Map: _____ (Lot Number) _____

3. Owner/Business: _____

4. If applying for NEW SERVICE: Proposed Use _____
Zoning Classification _____
Zoning Compliance _____

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

Address: _____

Mailing/Billing Address: _____
(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: _____

**RESIDENTIAL USE ONLY - DO NOT COMPLETE THIS SECTION UNTIL PAYMENT IS MADE TO
FINANCE DEPARTMENT PERSONNEL**

Applicant's Social Security Number: _____

Employed By: _____ Years: _____

Driver's License Number: _____

Spouse's Name: _____

Spouse Employed By: _____

Social Security Number: _____

Previous Address: _____

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 _____

CHECK APPLICABLE BOXES

8. Inside City Limits Outside City Limits

9. Permanent Structure Mobile Home

10. Water to be used for:
Consumption: Construction:

11. Sewer Tap: Replacement Tap New Tap
Quantity _____ Size _____ Fee: _____

12. Domestic Water Tap: Quantity _____ Size _____ Fee: _____
For Fire Line? _____
If yes, installed by contractor? _____

13. Irrigation Meter: T-tap (Residential ONLY) Separate Meter
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 _____

17. Amount Due: _____ **Total Fees:** _____

18. Date Paid _____ Check No. _____ Cash _____

19. Bill To: Contractor: Owner:

20. Location Sketch (or attach plat):

TO BE COMPLETED BY CITY PUBLIC WORKS STAFF

21. Utility line in roadway: _____

22. State Encroachment Permit Required: Yes _____ No _____

***23. Utility easement needed: Yes _____ No _____**
If yes, provide detailed information and instructions.

24. Water Backflow Preventor to be installed by contractor on water service

Yes _____ No _____ Type _____

25. Sewer Backflow Preventor to be installed by contractor

Yes _____ No _____ Type _____

26. COMMENTS:

ANY ADDITIONAL FEES? YES _____ NO _____

27. Computation for "Cost Plus" fees attached? Yes _____ No _____

Researched by: _____ Date _____
Public Works Supervisor

This application has been approved _____

This application has been denied _____

Approved by: _____ Date _____
Public Works Director