



**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:** _____

Email Address: _____

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** _____

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