

**CITY OF GREENFIELD
DEPARTMENT OF PUBLIC WORKS**

189 Wells Street, Greenfield, MA 01301

Phone: 413-772-1528

APPLICATION FOR NEW WATER CONNECTION: NON-RESIDENTIAL

Address of establishment: _____

Name of establishment: _____

OWNER INFORMATION:

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

CONTRACTOR/EXCAVATOR INFORMATION:

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Please provide contractor's current insurance certificate if not already on file at the DPW.

APPLICANT INFORMATION: (If different)

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

BUSINESS DESCRIPTION: Nature of business, including description of activities, facilities and plant processes on the premises, including a list of raw material used and products produced. _____

- NAICS (North American Industry Classification System) #: _____
- Are there any hazardous wastes to be used, stored, or produced on site? **Yes** **No**
- Anticipated water consumption in gallons per day: _____ Peak consumption: _____
- # of Employees: _____ # of public restrooms: _____
- Time and duration of water use, include daily, monthly or seasonal variations:

SERVICES AND DEVICES:

- Brand, Model #, Type and location of all backflow prevention devices to be installed: _____

- Proposed Service size: _____
- Proposed Meter size: _____
- Proposed By-pass size : _____ (on services larger than 2")
No new service will be installed between December 1st and April 1st. No new water service applications will be accepted after November 15th.

AGREEMENT:

In Consideration of the granting of this permit, the undersigned agrees;

1.) To accept and abide by all provision of the Water Use Regulation of the City of Greenfield, and of all other pertinent rules or regulations that may be adopted in the future. **2.)** To maintain the building water at no expense to the City. **3.)** To hire a contractor to install the water service and provide all materials. **3.)** To pave a minimum of 10 feet of driveway apron and patch the road or the water service will **NOT** be activated. **4.)** To notify the Engineering Inspector at 413-772-1528 between the hours of 7:00am and 2:30pm when the water service is ready for inspection, but before any portion of the work is covered. **No taps are to be made after 2:00pm.**

Application valid for 1 year from date approved by DPW Engineering.

Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

PERMIT FEE: (circle one) \$1,200\ \$1,500 Check #: _____ Received By: _____

\$1,200 for Services under 2" and City taps the main (\$200 tap fee included)

\$1,500 for Services over 2" and Contractor taps the main

REVIEWS AND APPROVALS:

A. Engineering Division:

Signature: _____ Date: _____

B. Director or Designee: Service Meter By-pass

a. Backflow Device Requirements/comments: _____

Signature: _____ Date: _____

C. Water Facilities Superintendent:

a. Requirements/comments: _____

Signature: _____ Date: _____

D. Connection inspected:

Date inspected: _____ Meter size: _____

Service size/material: _____ Meter install Date: _____

Signature: _____ Date: _____