

CITY OF GREENFIELD
DEPARTMENT OF PUBLIC WORKS
189 Wells Street
Greenfield MA 01301
Ph. 413-772-1528 Fax 413-773-9593

Application for New Water Connection
Non-Residential

PART A:

1. Address of proposed establishment: _____
2. Name of proposed establishment: _____
3. Owner's name: _____ Contractor's name: _____
Address: _____ Address: _____

Phone: _____ Phone: _____
4. Person(s), Agent completing this application:
Name: _____
Address: _____

Phone: _____
5. Nature of business (agricultural, commercial, industrial, etc.)

6. Provide a brief description of business. Include a description of activities, facilities, and plant processes on the premises, including a list of raw materials used and product(s) produced.
7. Are any hazardous wastes to be used, stored, or produced on site?
Yes _____ No _____
8. SIC number according to the Standard Industrial Classification Manual, Bureau of Budget, 1972, as amended _____
9. a.) Anticipated water consumption in gallons/day _____
b.) Time and duration of water use including daily monthly and seasonal variations, if **any** _____

c.) Anticipated water consumption peak in gallon/day: _____
d.) Number of employees: _____
e.) Number of public restrooms on site: _____

- 10. List the brand, model#, type, and location of all backflow prevention devices to be installed.
- 11. A water meter bypass is required on services 2" or larger.
- 12. No new service will be installed between December 1st and April 1st and no new water service application will be accepted by the Department after November 15th.
- 13. Proposed Service size _____
- 14. Proposed Meter size _____
- 15. Proposed ByPass size (if required)_____

PART B:

In consideration of the granting of this permit, the undersigned agrees:

- 1. To accept and abide by all provisions of the Water Use Regulations 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 pave a minimum of 10' driveway apron and patch the road or the water service will **not** be turned on.
- 4. To notify the Engineering Inspector at 413-772-1528 when the water service is ready for inspection, but before any portion of the work is covered.

Application valid for 1 year from date approved by DPW Engineering (Part C-1, C-2a)

DATE _____ SIGNED _____
(Applicant)

(Present address of Applicant)

Telephone: Work: _____

Home: _____

PART C: *FOR OFFICE USE ONLY*

1. PERMIT FEE	TAP FEE	DATE PAID	AMOUNT	PAYMENT RECEIVED BY
\$1000 or \$1500	\$200		\$	

City does tap for services 2" and less

2. Permit reviews and approvals:

A. Engineering Division:

a.) Reviewed and approved

DATE _____ SIGNATURE _____

B. Water Facilities Division:

a.) Reviewed and approved

DATE _____ SIGNATURE _____

b) Backflow Device Requirements: _____

C. Connection inspected and approved:

DATE _____ SIGNATURE _____

Application approved and permit granted:

DATE _____ SIGNATURE _____

Date to be installed: _____ Time: _____

Service Size: _____

Type of Material: _____

Meter Size: _____

Meter Installation Date: _____