

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
Residential Building

Address of proposed residence: _____

Description of residence: _____
(single family, duplex, multi family, condo etc.)

Does the proposed building have a full basement? _____

PART A:

1. Owner's name: _____
Mailing address: _____

Phone(s): _____
Fax / email (optional): _____

2. The name and address of the person or firm that will perform the proposed work is:
Name: _____
Address: _____

Phone(s): _____
Fax / email (optional): _____

3. Service requirements:
(number of fixtures)

Half Bath _____
Full Bath _____
Kitchen Sink _____
Dishwasher _____
Auto Washer _____
Basement Sink. _____
Sill Cock _____
Other uses _____
Number of Families: _____

****For Office Use Only****

x3 _____
x7 _____
x4 _____
x2 _____
x4 _____
x4 _____
x2 _____
x- _____

1-2 Family x 0.50 <16.5= 1"
Multi residential x0.35 16.5 to 28=1 1/2"

Service Size: _____
Meter Size: _____
Connection Fee: _____
Meter Installation Date: _____

4. A plan showing the location of the proposed installation must be attached. Include on the plan the proposed location of the water meter.
5. 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

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 hire a contractor to install the water service and provide all materials.
3. To pave a minimum of 10' driveway apron and patch the road before the water service is 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 (Part C-1, C-2a)

DATE _____	Telephone: _____
SIGNED _____	Home: _____
_____	Work: _____
_____	Cell: _____
(Present Address of Applicant)	Email: _____

PART C: **FOR OFFICE USE ONLY******

1. <u>PERMIT FEE</u>	<u>TAP FEE</u>	<u>DATE PAID</u>	<u>AMOUNT</u>	<u>PAYMENT RECEIVED BY</u>
\$1000	\$200		\$	

City does tap for services 2" and less

2. Application reviewed and approved by Engineering Division:

DATE _____ SIGNATURE _____

3. Connection inspected and approved:

DATE _____ SIGNATURE _____

Comments: _____

