

LIBERTY WATER

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NEW SERVICE APPLICATION/INQUIRY

I Am Applying For: Domestic Water Irrigation Water Service Fire Service

Service Location:

Service Address _____ Town _____

County _____ Block _____ Lot(s) _____

Property is situated between the following streets: _____ & _____

Applicant Information:

Name _____

Address _____

Phone _____ Cell _____ Fax _____

Billing Information: (Party responsible for Bill)

Billing Name _____

Billing Address _____

Phone _____ Cell _____ Fax _____

Email Address _____

Building Owner Information (If different than above)

Owner/Billing Name _____

Billing Address _____

Owner Phone _____ Cell _____ Fax _____

Owner Email Address _____

This Property Is:

New Construction

Subdivision

Vacant Land

Existing Bldg

Demolition

Currently using well water

Use of Service:

Single Family

Total No. of Bedrooms _____

Commercial

Multi-Family (2-4 units)

Total No. of Bathrooms _____

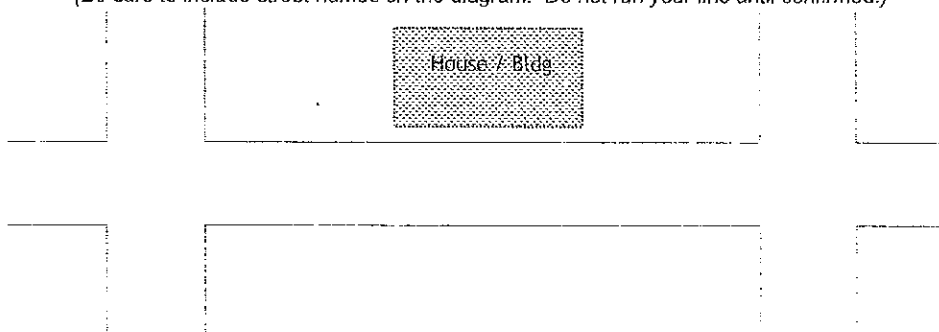
Irrigation only

Apartments (5 units and up)

Other

Please sketch your desired service location using the diagram below.

(Be sure to include street names on the diagram. Do not run your line until confirmed.)



NEW SERVICE APPLICATION/INQUIRY

Complete for Domestic Water Service:

(Provide NJAW Demand Worksheet and NJAW Fixture Count Data Sheet for service >1 inch)

Is there an existing domestic water service at the property? YES NO

If yes, do you want to: Replace/Upgrade the existing service Add a new service (*keep the existing service*)

What size meter are you requesting? _____ (Standard single-family is a 5/8" meter, approx. 20 GPM)

What is your GPM requirement if > 20 GPM _____

Complete for Irrigation Water Service:

What size meter are you requesting? _____ What is your GPM requirement? _____

Complete for Fire Service: (Provide NJAW Fire Flow Calculation Worksheet, Site & Sprinkler Plan):

What size fire service are you requesting? _____ Is there an existing FIRE service at the property? YES NO

If yes, do you want to: Replace/Upgrade the existing fire service Add a new service (*keep the existing service*)

Number of buildings _____ Building use _____ Type of construction _____

No. of sprinkler heads _____ No. fire Department Connections _____ No. of hydrants _____

Wet or Dry System _____ Type of backflow device (Name model) _____

Fire Sprinkler plans must be submitted/reviewed by the local fire official, who should sign here that they have seen plans:

Print Name _____ Title _____

Signature _____ Date _____

Applicant Please Complete and Sign Below:

I understand that these services are subject to the rates and conditions of the Water Company =

I understand that for I will be billed for water usage on fire service for purposes other than fire extinguishment or testing. It is encouraged that customers notify the water company after the fire service is used for such purposes.

I understand that water distribution system pressure varies throughout the state. It is the applicant's responsibility, and/or their agent's, to inquire as to the maximum system pressure they will be connecting to, and to ensure their plumbing system is in compliance with all applicable code requirements.

I understand that a Backflow Device is required for domestic services for commercial accounts and for all fire services.

Existing well (if any) will be physically removed.

Print Name _____ Title _____

Signature _____ Date _____

For LWC use only: Application Complete: _____ OK to install service _____

Waiver approved for inside meter set. Forward to Dev. Serv. _____