

North Raynham Water District
Raynham, Ma.

Application for Commercial Water Service

Date & Time Received _____

NOTE: This form must be filled in completely and signed prior to any water service being installed and water being supplied to the business. Application must be typed or clearly printed in ink before the District will accept the application.

OWNER & CONTRACTOR INFORMATION

Owners Name: _____ Builders Name: _____

Owners Address: _____ Builders Address: _____

City, Town _____ State _____ City, Town _____ State _____

Phone Number _____ Phone Number _____

LOCATION OF BUSINESS

Business Name: _____

Lot Number:(if applicable) _____ Street Name & Number _____

WATER SERVICE INFORMATION

What size water line are you requesting: 1 inch _____ 1 1/2 inch _____ Other _____

NOTE: Water line sizes are also based on distance from main to building as well as other requirements. (See District Rules & Regulations)

Estimated Average Day Consumption: _____ gallons

Estimated Maximum Day Consumption: _____ gallons

State the required minimum water pressure required: _____ PSI

Does this business have a fire sprinkler system? Yes _____ No _____

If Yes state the required fire flow: _____ GPM @ _____ PSI

Will this business have a lawn irrigation system now or in the future? Yes _____ No _____

ALTERNATIVE WATER SUPPLY AND CONSERVATION

List any alternatives to connecting to the public water supply for Domestic, Fire systems and Lawn irrigation etc.

List any methods of water conservation being proposed (water saving fixtures, recycling etc.)

CERTIFICATION:

By signing this application and upon approval I, we hereby state that I, we have read the District's Rules and Regulations and understand them. I, we are also aware of the Demand Fee (**payable upon approval of the application**), and System Development Fee (**payable prior to water being turned on**). I, we understand that the Demand Fees are non refundable and that this application will become null and void one year from the date of approval.

Date

Signature of Owner or Owners Agent

Type or Print Name

Signature of Paid Preparer

Paid Preparer's Phone Number

Approved By

Date of Approval