



Village of New Concord
Water and Sewer Department
Service Connection Permit Application

Premise Address: _____ Zip Code: _____

Job Name/Subdivision: _____

Owner of Record:

Name: _____

Billing Address: _____

City State Zip Code: _____

Phone number: _____

County Auditor's Parcel number: _____

Type of Property to be Served?

Single Family Residence Multi Family Residence Condo/Apartment

Medical/Dental Office Restaurant Retail Store Office Building

Warehouse Other Explain: _____

Backflow Protection Device Required?

Property to be served is?

New Construction requiring new water service

Existing Structure Building addition

Existing water service to remain

Existing structure converting from well

Enlarging existing water service

Other: Explain _____

Type of Service requested?

Domestic only

Fire protection only

Irrigation only

Domestic/Fire Protection combined

Size of Sewage Tap? _____

Note: Inspections shall not be performed prior to permit fees being paid.

I hereby certify that I am the property owner or the property owner's agent acting with the owner's full consent and all information provided here is complete and accurate. Check one: Agent Owner

Applicant Name: _____ Date: _____

Mailing Address: _____ City State Zip: _____

Date Received: _____ Date Approved: _____

Approval Signature & Title : _____