

Application for Permit for Tap, Plug, Wet Connection, Repair/Relay of Water Service Line



Please Print Applicant must be a Licensed Plumber

Work Site Street Address: Borough: Block: Lot(s):

City, State, Zip Code: Tentative Lot(s):

Check One: Tap Wet Connection Plug Repair/Relay Service Line Tap and Plug Wet Connection and Plug

Name of Street on which Tap/Wet Connection is to be Installed (Circle One) -> (ST) (AVE) (RD) (DR) (OTHER)

Tap or Wet Connection to be Installed on North South East West side of the street. (Circle One)

Size of City Water Main Detail Distribution Map No. Size of other City/Private Water Main(s)

Size of Private Water Main Type of Service Domestic Fire Sprinkler Standpipe Combined (Circle One)

Size of Internal Water Main Approx. Length of Service

Tap/Wet Connection Size Plug(s) (how many?)

Service Size How Many Sprinkler Heads?

Estimated Demand (gpm) DOT Highway Permit No.

Rated Capacity of Pumps (gpm): Domestic Fire/Sprinkler:

DOB New Building # or Alteration # Building Size:

Cross Connection Control Approval (yes or no) Schedule B attached (yes or no)

Cross Connection Control Exemption (yes or no) Is Plug in Same Excavation as existing tap/W.C.? (yes or no)

Describe Tap Work (Install? Plug? Relay? Repair? Locate?) /Nature of Repair/Other Comments

Other Existing Taps/Wet Connections, Service Lines and Meters for this Property:

Table with 4 columns: Other Taps/Wet Connections, Size, Other Service Lines, Size, Other Meters, Account # or Meter #

Describe the property use. Check all that apply:

- Industrial, Retail, Residential, Medical/Dental, Warehouse, Car Wash, Hospital, School, Office, Factory, Restaurant, Laundry, Dry Cleaner, Other (specify)

For Plugs:

Table with 4 columns: Size of Tap/W.C. to be Destroyed, Location of Tap/W.C. to be Destroyed, Meter Number corresponding to Tap/W.C. to be Destroyed, Account Number Corresponding to Tap/W.C. to be Destroyed

The undersigned plumber being the duly authorized agent for the owner of the above property, hereby agrees to destroy all existing abandoned taps supplying this or the former building slip, and in case of this failure to do so, will be suspended immediately and further permits to him refused.

Plumber's Name (Print): License Number:

Signature: Plumber's CIS Account No.:

Business Address Application Date:

City/State/Zip Code:

BWSO box containing: Approximate Date of Work, Approved By, Approval Date

BCS box containing: Premises Account #, Permit Type, Number, Fee, Date Issued, Issued by