

Bolton Valley Community Water and Sewer, LLC

APPLICATION FOR NEW CONNECTION or MODIFICATION TO EXISTING CONNECTION

Type of Connection: <input type="checkbox"/> single-family residential <input type="checkbox"/> multi-family residential <input type="checkbox"/> commercial	Type of Project: <input type="checkbox"/> new connection <input type="checkbox"/> modification of existing service <input type="checkbox"/> addition of new connection at site of existing service
New Service Connection(s) Requested: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Wastewater	Total Number of Existing Bedrooms (per unit): _____ Total Number of New Bedrooms (per unit): _____

Name(s) of Property Owner: _____

Phone: _____

E-mail: _____

Service Address (physical/E911 Address):

Mailing Address (if different):

Parcel Number: _____

If the project is something other than the construction of a new single-family residence, please describe the project. If multi-family residential, include total number of units and number of bedrooms per unit. If the project entails the addition of an accessory dwelling unit, include the current number of existing bedrooms on the property and the new net number of bedrooms per unit upon project completion.

Please note: Application must include drawings and specifications for proposed connections.
 Connections must be inspected and approved by BVCWS prior to burial.
 Applicant is responsible for securing all other state and local permits for project.

- I certify all of the statements above are true and accurate to the best of my knowledge.
- I certify that I understand, accept, and agree to be bound by the rules and regulations associated with the Bolton Valley Community Water and Sewer LLC's Drinking Water Tariff and Wastewater Rules and Regulations.
- I certify that I understand, accept, and agree to be bound by any and all covenants associated with my lot and/or development as relates to the water company's rights as a utility operation including, but not limited to all easement rights.

Signature of Applicant: _____ Date: _____

Send completed Application to lmdboltonvalley@gmail.com

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-----*Departmental Use Only*-----

Service Approved for:

- Drinking Water
- Wastewater

Service Denied for:

- Drinking Water
- Wastewater

Remarks:

Approved by: _____ Date: _____

Fee Paid: _____ Check #: _____