



COUNTY OF POWHATAN

UTILITY SERVICE CONNECTION APPLICATION

Parcel Information:Service Address: **Billing Information:**Occupant Name: Mailing Address: City, State, & Zip: Email Address: Occupant Phone(s): Building/Unit Occupancy: Ownership Status: Own Rent Service Requested (check only one): Water Only Sewer Only Water & Sewer IrrigationIs property currently connected to public water? Yes No If no, complete attached service sizing form.If yes, indicate existing meter size: 5/8" 3/4" 1" 1 1/2" 2" 3" 4" Other (indicate size: _____)Usage Information (check all that apply):

Commercial/Business: <input type="checkbox"/> Medical Office <input type="checkbox"/> Office (non-medical) <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Number Seats <input type="checkbox"/> Square Footage <input type="checkbox"/> No. Employees <input type="checkbox"/> Laundry/Laundromat <input type="checkbox"/> Laboratory	Residential: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Other <input type="checkbox"/> New <input type="checkbox"/> Existing with drain field/septic problems <input type="checkbox"/> Existing, no problems
	Institutional: <input type="checkbox"/> Type of Facility _____

I/we, the Applicant and/or owner, agree to comply with all rules and regulations as set forth in the *Powhatan County Water and Sewer Ordinance* adopted by the Board of Supervisors. My/our signature(s) below also indicate it is understood that the County may take the appropriate action to collect on accounts which may become delinquent or to enforce the ordinance within the fullest extent of its authority. I/we have received a copy of the *Powhatan County Water and Sewer Ordinance*. (Date: _____)

The facility charge shall be the rate in effect at the time the water and/or sewer improvements are complete and ready for the meter setting.

Applicant Name:

Applicant Signature: _____ Date: _____

COUNTY USE ONLY

Date Received: _____

Total Fees Collected: _____
(See attached Fee Schedule for details.)

Approved by: _____

Date Approved: _____

Make checks payable to:
Powhatan County TreasurerMail completed application and fees to: Dept. of Utilities & General Services
3834 Old Buckingham Road Suite A, Powhatan VA 23139Submit in person at:
3849 Old Buckingham Road

County of Powhatan, Virginia
 Department of Utilities/General Services
 Water Service Line and Meter Sizing Form

Business Name: _____	Building Address: _____	
Development Name: _____	Project Number: _____	Type of Use: _____ Map ID No: _____
I certify that the information on this form is true and correct.		Phone: _____ (Local # Desired)
Applicant Name: (Print) _____ (Signature) _____		

PART A Fixture	Fixture Value (60 psi)		No. of Fixtures		Total Fixture Value
Bathtub	8	X		=	
Bedpan Washers	10	X		=	
Bidet	2	X		=	
Dental Unit	2	X		=	
Drinking Fountain – Public	2	X		=	
Kitchen Sink	2.2	X		=	
Lavatory	1.5	X		=	
Showerhead (Shower Only)	2.5	X		=	
Service Sink	4	X		=	
Toilet	- Flush Valve	35	X	=	
	- Tank Type	4	X	=	
Urinal	- Pedestal Flush Valve	35	X	=	
	- Wall Flush Valve	16	X	=	
Wash Sink (Each Set of Faucets)	4	X		=	
Dishwasher	2	X		=	
Washing Machine	6	X		=	
Hose (50 ft Wash Down)	- 1/2 in.	5	X	=	
	- 5/8 in.	9	X	=	
	- 3/4 in.	12	X	=	
Combined Fixture Value Total					

COUNTY USE ONLY			
<i>PART B Line</i>			
1. Domestic Demand	=	_____ gpm	Sized by: _____
2. Fixed Demand (all except domestic & irrigation)	=	_____ gpm	Date: _____
3. Irrigation Demand (data supplied by site engineer)	=	_____ gpm	
4. Total Demand	=	_____ gpm	Public Sewer Ready: Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Meter Size Based on Total Demand	=	_____	Treatment Plant: <input type="checkbox"/> Dutoy Creek <input type="checkbox"/> Fighting Creek