



COUNTY OF POWHATAN UTILITY SERVICE CONNECTION APPLICATION

Parcel Information:

Service Address: _____

Date of Occupancy: _____

Contact Name at Service Address: _____

Phone Number(s) _____

Email Address: _____

Billing Information If Different From Above Address:

Name of Business _____

Contact at Mailing Address: _____

Mailing Address: _____

City, State, & Zip: _____

Phone Number(s) _____

Email Address _____

Building/Unit Occupancy:

Ownership Status:

Own:

Rent:

Service Requested:

Water Only

Sewer Only

Water & Sewer

Irrigation

Is 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 Size

Usage Information (Check All That Apply):

Commercial/Business:	<input type="checkbox"/> Medical Office	Residential:	<input type="checkbox"/> Single Family
	<input type="checkbox"/> Office (non-medical)		<input type="checkbox"/> Duplex
	<input type="checkbox"/> Retail		<input type="checkbox"/> Townhouse
	<input type="checkbox"/> Restaurant		<input type="checkbox"/> Apartment
	<input type="checkbox"/> Laundry/Laundromat		<input type="checkbox"/> Other
	<input type="checkbox"/> Laboratory		<input type="checkbox"/> New
	<input type="checkbox"/> Existing With Drain Field/Septic Problems		
_____ Number Seats		Insttutional: <input type="checkbox"/>	Type of Facility _____
_____ Square Footage			
_____ No. Employees			

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 it 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.

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: _____

Date: _____

Applicant Signature: _____

County Use Only

Date Received: _____

Total Fees Collected: _____

Approved By: _____

Date Approved: _____

** IF COMMERCIAL ACCOUNT IS A BUSINESS TYPE INDICATED IN COMMERCIAL/BUSINESS SECTION ABOVE, CUSTOMER MUST BE PROVIDED STRONG WASTE PROGRAM DETAILS (ATTACHED) AND SIGN INDICATING THEIR ACCEPTANCE OF THE TESTING REQUIREMENTS AND ASSOCIATED FINES.

Make checks payable to:
Powhatan County Treasurer

Mail completed application and fees to: Dept. of Public Works
2322 Skaggs Rd, Powhatan, VA 23139

Submit in person to:
2322 Skaggs Rd, Powhatan, VA