



Town of Clarkdale

Utilities Department
P.O. Box 308
Clarkdale, AZ 86324
Phone (928) 639-2520 Fax (928) 639-2529

DOMESTIC WATER SERVICE PERMIT APPLICATION

DATE: _____
PERMIT NO. _____

APPLICANT: _____
ADDRESS: _____ LOT # _____
TELEPHONE: _____ FAX: _____
OWNER: _____
OWNERS' ADDRESS _____

TYPE OF SERVICE Residential Service / Commercial Services (circle)

SERVICE ADDRESS: _____
IF COMMERCIAL - TYPE: _____
STORAGE SIZE: (including water heaters) _____
NUMBER OF FIXTURE UNITS: _____ NUMBER OF STORIES _____
(see worksheet for unit count)

SERVICE CONNECTION INFORMATION

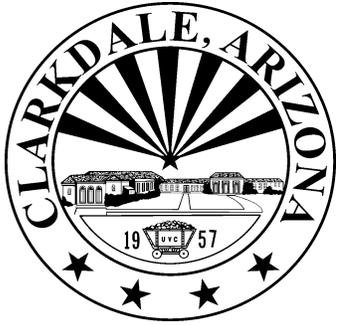
	Size	Length	Type
Pipe from water main to curb valve:	_____	_____	_____
Pipe from curb valve to building:	_____	_____	_____
Backflow device:	_____	N/A	_____

Instructions:

Application to be filled out and approved/signed by Town of Clarkdale
Fees to be paid in full at time of submittal of application.

Provide and Attach

- Site plan (including location of water line and purposed meter location)
- Vicinity Map (include major cross roads and address)



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Meter No. _____

DATE: _____

Install Date: _____

PERMIT NO. _____

Water System Charges

Water Meter Size	3/4" or 5/8"	1" * FIRE	1"	1 1/2"	2"	3"	4"	6"	8"
Connection Fee	\$ 500	\$ 500	\$ 650	\$ 850	\$ 1,150	\$ 2,685	\$ 3,635	\$ 8,485	\$ 11,485
Capacity Fee	\$ 2,322	\$ 2,322	\$ 5,806	\$ 11,612	\$ 18,579	\$ 37,158	\$ 58,059	\$116,118	\$185,788
Deposits	\$ 100	\$ 100	\$ 125	\$ 200	\$ 300	\$ 400	\$ 500	\$ 600	\$ 700
Totals	\$ 2,922	\$ 2,922	\$ 6,581	\$ 12,662	\$ 20,029	\$ 40,243	\$ 62,194	\$125,203	\$197,973
Establishment Fee	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25
Amount Due									

*Note: A customer required to install a 1" meter solely to service a mandated

***For Water System Fees, Deposits, Water Service Turn-On and Other Water Utility Rate and Fee Policies see attached fee schedule**

Applicant's Signature: _____

Date: _____

APPROVED / NOT APPROVED

BY: _____

DATE: _____

Billing Department: Town of Clarkdale, 890 Main St., Clarkdale, AZ
After Hours Emergency Number: 634-0186



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PERMIT NO. _____

Information Sheet

WELL INFORMATION

Well Water Source:	<u>Yes</u>	<u>No</u>	Well Casing Size:	_____
Well Depth:	<u>Yes</u>	<u>No</u>	Pump Size HP:	_____
On Site Storage:	<u>Yes</u>	<u>No</u>	Storage Size Gal.:	_____

SPRINKLERS RESIDENTIAL / COMMERCIAL

Number of Heads: _____ Peak Sprinkler Demand in largest zone: _____ gpm

Residual pressure required at outlet of backflow device to operate system: _____ psi

Design Firm (please print): _____

Phone: () _____

Contact: _____

Date: _____

LAWN IRRIGATION SYSTEM

Commercial System: operated during business hours? Yes No

Number of Heads: _____ Peak Sprinkler Demand in Largest Zone: _____ gpm

Residual pressure required at outlet of backflow device to operate system: _____ psi

Design Firm (please print) _____

Phone: () _____

Contact: _____

Date: _____

*Connection to the municipal water system with a domestic well located on the property of connection. Installation of additional devices are required prior to meter setting and will remain in place and functional. Inspection required yearly and prior to water turn-on. If devices are found to be disabled after water connection is completed, water will be terminated and all appropriate fees will be assessed.



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DOMESTIC WATER SERVICE PERMIT APPLICATION

VICINITY MAP / SITE PLAN

Service

Address: _____