

TOWN OF SOUTHERN PINES
PHONE (910) 692-1627 FAX (910) 692-1649

**APPLICATION FOR NEW
WATER-SEWER SERVICE**

APPLICANT (NAME) _____
(PLEASE PRINT) LAST FIRST INTIAL

Date Requested _____

BILLING ADDRESS _____
STREET

In Town Out of Town

TOWN STATE ZIP

Service Requested: SIZE

SERVICE ADDRESS _____
STREET

Water Only _____

TOWN STATE ZIP

Sewer Only _____

OWNER (NAME) _____
LAST FIRST INTIAL

Water & Sewer _____

STREET

Yard Meter _____

TOWN STATE ZIP

Other _____

AUTHORIZED SIGNATURE _____ PRINT NAME

SINGLE FAMILY DETACHED

PHONE _____

OFFICE USE ONLY

Deposit: Yes NO Deposit Amount \$ _____

Date Received _____

Tap Fee _____

RT & SEQ# _____

Other Charges _____

B & C

	WATER		SEWER		IRRIGATION WATER		FIRE CONTROL WATER	
Service Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre-Installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Size	_____ inch		_____ inch		_____ inch		_____ inch	
Tap Fee	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Impact Fee	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Street Cut	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Extension Charge	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Sub Totals	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____							

Sewer Assessment Yes No Partially Paid Paid
Business License Required Not Required Paid Unpaid
Delinquent Water Bill Yes No