



Installation of Water / Sewer Service Permit Application

Utility Account # _____ OKM h @ / PIN _____
 Name _____ E-mail _____
 Phone # _____ \ _____
 Service Address _____ City _____
 Home # _____ h _____

Type of Account

Water / Sewer / Irrigation / Fire Control

<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Water	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1-1/2"	<input type="checkbox"/> 2"
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Sewer	<input type="checkbox"/> 4"	<input type="checkbox"/> 6"		
<input type="checkbox"/> Commercial	<input type="checkbox"/> Irrigation	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1-1/2"	<input type="checkbox"/> 2"
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____				

OFFICE USE

Date Paid _____ In Town Yes No _____ \$ _____
 Account # _____ _____ \$ _____
 Work Order # _____ _____ \$ _____
 Route & Sequence # _____ _____ \$ _____
 _____ \$ _____
 COMBO _____ **TOTAL AMOUNT PAID \$ _____

	<u>WATER</u>	<u>SEWER</u>	<u>IRRIGATION</u>	<u>FIRE CONTROL</u>	<u>MC SEWER</u>
	<u>WATER</u>		<u>WATER</u>	<u>WATER</u>	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Size	_____ "	_____ "	_____ "	_____ "	
Meter Only (pre-installed)	\$ _____	\$ _____	\$ _____	\$ _____	
Tap Fee **	\$ _____	\$ _____	\$ _____	\$ _____	*Backflow Preventer required - see memo <input type="checkbox"/> Yes <input type="checkbox"/> No
System Development Fee	\$ _____	\$ _____	\$ _____	\$ _____	
Street Cut	\$ _____	\$ _____	\$ _____	\$ _____	
Sub Totals	\$ _____	\$ _____	\$ _____	\$ _____	
	\$ _____				
Total	\$ _____				

Non-SDF fees are updated annually, October 1st, according to CPI-U. Applications are subject to current fees at time of payment

Delinquent Water Bill Yes No Quoted by _____ (signature) Date Quoted _____

UTILITY BILLING OFFICE, TOWN OF SOUTHERN PINES
 180 SW BROAD STREET
 SOUTHERN PINES, NORTH CAROLINA 28387