



# Installation of Water / Sewer Service Permit Application

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ / PIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Type of Account**

- |   |                                     |                               |                             |                                 |                             |
|---|-------------------------------------|-------------------------------|-----------------------------|---------------------------------|-----------------------------|
| <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Account # _____		_____	\$ _____
Work Order # _____		_____	\$ _____
Route & Sequence # _____		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		<b>TOTAL AMOUNT PAID</b>	<b>\$ _____</b>

	<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
System Development Fee	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Cut	\$ _____	\$ _____	\$ _____	\$ _____	
Sub Totals	\$ _____	\$ _____	\$ _____	\$ _____	
<b>Total</b>	<b>\$ _____</b>				

**\*Non-SDF fees are updated annually, October 1<sup>st</sup>, 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

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