



City of Marion Water – Sewer Connection Application

APPLICANT INFORMATION:

Date: _____

Name: _____

Address: _____
City State Zip Code

Telephone: (Home) _____ (Work) _____ (Cell) _____

Physical Property Address for Service Connection: (If Same As Above – Write Same)

SERVICE INFORMATION: Inside City Limits Outside City Limits

Type of Service: (Check service needed)

- 1. Water Only Sewer Only Water & Sewer
- 2. New Service Relocation of Existing Service
- 3. Single Family Residence Apartment Complex Housing Development
 Mobile Home Park Landscape/Sprinkler Fire Protection/Sprinkler
 Other (specify) _____

Please Note: *If this application is for water service to anything other than a single family residence, a Cross Connection Control Questionnaire must be completed and submitted along with this application. Applications requiring a completed Cross Connection Control Questionnaire will not be processed until the completed Cross Connection Control Questionnaire has been received.*

Water Meter / Line Size (Check One):

- ¾-inch 1-inch 1 ½ -inch 2-inch 3-inch
- 4-inch 6-inch Other (specify): _____

Specify Number of Meters Needed: _____

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PLEASE NOTE: THE CITY WILL MAKE THE WATER AND/OR SEWER CONNECTION AT THE PROPERTY LINE – IT IS THE OWNER’S RESPONSIBILITY TO INSTALL THE SERVICE LINES ON THE PROPERTY AND TO CONNECT TO THE STRUCTURE.

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IN ORDER FOR THIS APPLICATION TO BE PROCESSED, A DETAILED DESCRIPTION OR ACCURATE DRAWING MUST BE PROVIDED BY THE APPLICANT. The attached graph paper should be used for the drawing. Please include the service address, street name(s), and adjacent property information such as house numbers. When necessary to properly process the application, the Public Works Director may require the submittal of project specific engineered drawings and/or detailed specs.

=====UTILITY DEPARTMENT USE =====

Application Received By: _____ Date Received: _____

TO BE COMPLETED BY THE CITY OF MARION PUBLIC WORKS DIRECTOR

Date Received by Public Works Director: _____

SERVICE INFORMATION:

- 1. Water Service is **not** available to property
- 2. Water Service is available to property: New Service Change of Service
Specify Number of Meters Needed: _____ Size of Meter: _____

CROSS CONNECTION CONTROL INFORMATION:

- 1. This facility or service does not require the installation of a Backflow Prevention Assembly (BPA).
- 2. This facility or service requires the installation of a Backflow Prevention Assembly (BPA).

Type of BPA required _____ Size _____

All BPA's shall be installed in compliance with the specifications contained in the most recently adopted Cross Connection Control Ordinance of the City of Marion. Ownership, installation, testing, and maintenance of the backflow prevention assembly shall be the responsibility of the Consumer.

All BPA installations shall be inspected by the City of Marion Public Works Department prior to initiation of water service. Water service will not be initiated by the City of Marion until the installation of the BPA has been approved.

Date and time of inspection: _____/_____

Inspection conducted by (Name & Title): _____

At the time of inspection, the above referenced BPA appeared to be installed in compliance with the specifications contained in the most recently adopted Cross Connection Control Ordinance of the City of Marion.

Signature

Date

The Consumer shall have the BPA tested by a Certified BPA Tester that has been approved by the City of Marion, immediately following installation. The test results shall be submitted to the City of Marion Public Works Department, on forms approved by the Public Works Department, within thirty (30) days following the date the assembly was tested.

CHARGES:

- 1. Water Tap Fee: _____
- 2. Water System Development Fee: _____
- 3. Sewer Tap Fee: _____
- 4. Sewer System Development Fee: _____
- 5. Change of Service:
 - Required by City: _____
 - Requested by Owner: _____
- 6. Other: _____

TOTAL CHARGES: _____

Date Completed: _____ Completed By: _____

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TO BE COMPLETED BY PUBLIC WORKS ADMINISTRATION

Applicant Notified By: Mail Phone In Person Other

Date Notified: _____ Notified By: _____

Forward application to Chief Building Official immediately after notification to applicant.

Date sent to the Chief Building Official _____

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TO BE COMPLETED BY CHIEF BUILDING OFFICAL

Work Requires Plumbing Inspection: No Inspection City Inspection County Inspection

Forward application to Utility Department immediately after building code review.

Date sent to Utility Department _____

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TO BE COMPLETED BY UTILITY CLERK

Date Application Received: _____ By: _____

Date Fees Paid: _____ Amount Paid: _____ Collected By: _____

Date Work Order Issued : _____ By: _____

Vicinity Map:

1. Show name, physical address and phone number.
2. Show house/business structure location in relation to road and driveway.
3. Show and label other streets / cross streets as a reference.
4. Indicate approximate location for water meter placement (ie: X feet right of driveway, Y feet left of pole).

Meters will be placed at or near the requested location along the road right-of-way. However, conflicts (above and below ground) may cause meter location to shift slightly. Meters must be placed 5 feet minimum from any property line.

