TOWN OF VAN HORN

APPLICATION FOR WATER and/or SEWER TAPS

CUSTOMER:

Customer Name: _____ Phone number: _____

Prospective address: _____ Prospective project: _____

Is project inside [circle one]: City Limits ETJ County

WATER DEPT.:

Is water available: YES NO Is sewer available: YES NO

Size of water tap: _____ Size of sewer tap: _____ Number of taps: _____

Verified customer is instructed to install cut off valve on their side: YES NO

Does project need a backflow prevention device: YES NO

BUILDING PERMIT DEPT.:

Is this project permitted: YES NO

Project location Zone [circle one]: R-1 R-2 R-3 R-4 B-1 Historic District

Are there deed restrictions: YES NO

CODE ENFORCEMENT DEPT.:

Does this project meet City Ordinances: YES NO

FRONT DESK:

Verified size of tap(s): YES NO

Verified cost of tap(s): YES NO Cost: _____ (Attach detail)

Verified service address: YES NO Account Number: _____

Verified correct work orders generated: YES NO

Customer signature: _____

Water Dept. signature: _____

Building Permit Dept. signature: _____

Code Enforcement Officer signature: _____

Front Desk signature: _____

City Administrator signature: _____