

TOWN OF GREENFIELD
DEPARTMENT OF PUBLIC WORKS
14 Court Square
Greenfield MA 01301
Ph. 413-772-1528 Fax 413-773-9593

Application for New Water Connection
Residential Building

Address of proposed Residence: _____

Description of residence: _____
(single family, duplex, multi family, condo etc.)

Does the proposed building have a full basement? _____

PART A.

1. Owner's name: _____
Mailing Address: _____

Phone(s): _____
Fax / email (optional): _____

2. The name and address of the person or firm that will perform the proposed work is:
Name: _____
Address: _____

Phone(s) _____
Fax / email (optional): _____

3. Service requirements:
(number of fixtures)

****For Office Use Only****

Half Bath	_____	x 3	_____
Full Bath	_____	x 7	_____
Kitchen sink	_____	x 4	_____
Dishwasher	_____	x 2	_____
Auto Washer	_____	x 4	_____
Basement Sink	_____	x 4	_____
Sill Cock	_____	x 2	_____
Other uses	_____	x -	_____
Number of Families:	_____	1-2 Family x 0.50	<16.5 - 1"
		Multi residential x0.35	16.5 to 28 = 1 1/2"

Service Size: _____
Meter Size: _____
Connection Fee: _____
Meter Installation Date: _____

4. **A plan showing the location of the proposed installation must be attached. Include on the plan the proposed location of the water meter.**
5. No new service will be installed between December 1st and April 1st and no new water service application will be accepted by the Department after November 15th.

PART B:

In consideration of the granting of this permit, the undersigned agrees:

1. To accept and abide by all provisions of the Water Use Regulations of the Town of Greenfield, and of all other pertinent rules or regulations that may be adopted in the future.
2. To Hire a contractor to install the water service and provide all materials.
3. To pave a minimum of 5' driveway apron and patch the road before the water service is activated.
4. To notify the Engineering Inspector at 413-772-1528 between the hours of 7:00am and 2:30pm when the water service is ready for inspection, but before any portion of the work is covered. **No taps are to be made after 2:00pm.**

Application valid for 1 year from date approved by DPW Engineering (Part C-1, C-2a)

DATE _____
 SIGNED _____

 (Present Address of Applicant)

Telephone:
 Home: _____
 Work: _____
 Cell: _____
 Email: _____

PART C: **FOR OFFICE USE ONLY**

1. PERMIT FEE	TAP FEE	DATE PAID	AMOUNT	PAYMENT RECEIVED BY
\$300	\$200		\$	

2. Application reviewed and approved by Engineering Division:

DATE _____ SIGNATURE _____

3. Connection inspected and approved:

DATE _____ SIGNATURE _____

Comments: _____

