



Installation of Water / Sewer Service Permit Application

Today's Date _____ Lot # _____ LRK / Parcel ID _____

Applicant's Information

Last Name _____ First Name _____

Phone # Cell _____ Other _____

Email _____

Service Address

Street Address _____ City _____

Billing Address

Street Address _____

City _____ Zip _____ State _____

Property Owner

Last Name _____ First Name _____

Type of Account

Single Family Detached Multi-Family Commerical Other

Service & Meter Size Requested

Water Size _____ Irrigation Size _____
 Sewer Size _____ Other _____

Staff Contact Information:

TOWN OF SOUTHERN PINES UTILITY BILLING OFFICE
180 SW BROAD STREET
SOUTHERN PINES, NORTH CAROLINA 28387
PH: 910-692-2206 FAX: 910-692-1652
EMAIL ADDRESS: UB@southernpines.net
WEBSITE: www.southernpines.net

OFFICE USE

Applicant Information: Last Name _____ First Name _____

Service Address: Street Address _____ City _____

Date Paid _____ Account # _____ Date Account Setup _____

Route & Sequence # _____ Work Order # _____ Date Returned from PW _____

Deposit Yes No **In Town** Yes No

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Amount Paid \$ _____

	<u>WATER</u>	<u>SEWER</u>	<u>IRRIGATION WATER</u>	<u>FIRE CONTROL WATER</u>	<u>MC SEWER</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	
Pre-Installed	<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 "	_____	_____	_____	_____	
Tap Fee	\$ _____	\$ _____	\$ _____	\$ _____	
Impact Fee	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> ** Backflow Preventer required - see memo
Street Cut	\$ _____	\$ _____	\$ _____	\$ _____	
Sub Totals	\$ _____	\$ _____	\$ _____	\$ _____	
Total	\$ _____	*Fee schedules are updated annually, October 1 st , according to CPI-U. Applications are subject to current fees at time of payment*			

Signature _____ Date _____

Sewer Assessment Yes No Partially Paid Paid

Delinquent Water Bill Yes No