



# City of Marion Water – Sewer Connection Application

### APPLICANT INFORMATION:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

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 or his/her designee 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 OR HIS/HER DESIGNEE**

Date Received: \_\_\_\_\_

Received By (Name/Title): \_\_\_\_\_/\_\_\_\_\_

**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.

