

BEDFORD BOROUGH WATER AUTHORITY

244 WEST PENN STREET
BEDFORD, PA 15522

TELEPHONE (814) 623-8192

FAX (814) 623-3315

E-MAIL: bedfordborough@bedboro.com

PERMIT # _____

APPLICATION/PERMIT FOR WATER SERVICE, CONNECTION, AND/OR METER

APPLICANT TO COMPLETE THIS SECTION (TYPE OR PRINT IN INK)

- 1. NAME OF APPLICANT: _____
- 2. TELEPHONE # OF APPLICANT: _____
- 3. ADDRESS OF APPLICANT: _____
- 4. NAME OF LANDOWNER: _____
- 5. TELEPHONE # OF LANDOWNER: _____
- 6. ADDRESS OF LANDOWNER: _____
- 7. RESPONSIBLE PARTY FOR PAYING BILLS: _____
- 8. ADDRESS OF ESTABLISHMENT: _____
- 9. TYPE OF ESTABLISHMENT: _____
(i.e. SINGLE FAMILY RESIDENCE, MULTI-FAMILY RESIDENCE, RESTAURANT, OFFICE, MOTEL, ETC.)

10. DATE REQUESTED FOR WATER CONNECTION: _____

11. LIST BELOW, THE INFORMATION REQUESTED: ***BUSINESS / MULTI FAMILY RESIDENTIAL ONLY**

DIAMETER OF DOMESTIC WATER SERVICE LINE DESIRED: _____

WILL YOU BE CONNECTED TO A PUBLIC SEWER? YES _____ NO _____

* ESTIMATED WATER CONSUMPTION IN GALLONS PER DAY: _____

* WILL YOU BE INSTALLING PRIVATE SPRINKLERS AND/OR FIRE HYDRANTS? YES _____ NO _____

* IF YES, FIRE FLOW DESIRED IN GALLONS PER MINUTE _____ AT _____ PSI

* IF YES, # OF SPRINKLER HEADS: _____

* IF YES, # OF FIRE HYDRANTS: _____

* IF YES, WILL A FIRE SERVICE LINE BE REQUIRED? YES _____ NO _____

* REQUIRED DIAMETER OF FIRE LINE: _____ INCHES

A. AS A MINIMUM, A "DUAL-CHECK-VALVE TYPE BACKFLOW PREVENTER" WITH AN "EXPANSION TANK" ARE REQUIRED FOR ALL NEW WATER SERVICE CONNECTIONS.

B. A "FIRE METER ASSEMBLY", INSTALLED AT THE CUSTOMER'S EXPENSE, IS REQUIRED WHEN WATER WILL BE USED FOR ANY TYPE OF FIRE SUPPRESSION SYSTEM.

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THIS SECTION FOR AUTHORITY USE ONLY

1. DATE APPLICATION RECEIVED: _____
2. PERMIT FEE \$ _____ DATE RECEIVED _____
3. DATE APPLICATION ACTED UPON _____
4. PERMIT ISSUANCE IS: APPROVED _____ DENIED _____
5. IF DENIED, REASON FOR DENIAL: _____

6. SPECIAL CONDITIONS OR REQUIREMENTS: _____

7. MAKE OF METER: SENSUS MODEL OF METER: TOUCH-RADIO READ TYPE: _____
(SR, COMPOUND, TURBO, FIRE)
8. SIZE OF METER: _____
9. METER SERIAL #: _____ ECR #: _____
10. METER FEE \$ _____ DATE RECEIVED _____
11. DATE SERVICE ACTIVATED: _____

(SIGNATURE) _____
MUNICIPAL OFFICIAL

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CONNECTION CERTIFICATION

PURSUANT TO THE PENNSYLVANIA PLUMBING SYSTEM LEAD BAN AND NOTIFICATION ACT OF JULY 1989, I HEREBY CERTIFY THAT THE MATERIALS USED IN THE CONSTRUCTION OF THE PLUMBING SYSTEM IN THE FOLLOWING WERE LEAD FREE.

BUILDING OWNER / PROPERTY OWNER
(TYPE OR PRINT IN INK)

STREET ADDRESS
(TYPE OR PRINT IN INK)

Bedford
CITY

PA
STATE

15522
ZIP CODE

PHONE NUMBER

NAME OF INDIVIDUAL MAKING CERTIFICATION
(TYPE OR PRINT IN INK)

DATE

NAME OF INDIVIDUAL MAKING CERTIFICATION
(SIGNATURE IN INK)

=====
IF THE INDIVIDUAL MAKING THIS CERTIFICATION IS NOT THE BUILDING OWNER / PROPERTY OWNER, PLEASE ALSO COMPLETE THIS SECTION:

STREET ADDRESS OF CERTIFYING INDIVIDUAL
(TYPE OR PRINT IN INK)

CITY

STATE

ZIP CODE

PHONE NUMBER

OF CERTIFYING INDIVIDUAL
(TYPE OR PRINT IN INK)

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THIS CERTIFICATION MUST BE EXECUTED AND THEN FILED WITH THE BEDFORD BOROUGH WATER AUTHORITY OFFICE PRIOR TO THE ACTIVATION OF WATER SERVICE.