



# Application for Utility Connection/Availability

Town of Hamilton 53 East Colonial Hwy, PO Box 130, Hamilton, VA 20159-0130 (540)338-2811 ♦ Fax (540)338-9263

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

Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Subdivision, Development, or Business \_\_\_\_\_

Property Address \_\_\_\_\_  Outside of Town

Zoning District \_\_\_\_\_ Property Acreage \_\_\_\_\_ PIN \_\_\_\_\_

Requesting  WATER Connection/Availability  SEWER Connection/Availability

Proposed Use of Property  Single Residential  Commercial  Multi-Family  Industrial

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

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

### Applicant:

I have read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may deny, approve, or conditionally approve that for which I am applying. Furthermore, I grant permission to the Town or authorized government agents to enter the property and make such investigations and tests as they deem necessary. Included with this application are the following:

1. A plat of the property.
2. Plans and specifications covering all work proposed to be performed under this permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: A completed application must be submitted, with payment, to the Hamilton Town Office, seven (7) business days prior to any scheduled Town Council meeting, to be included in the agenda for approval consideration.**

### \*OFFICE USE ONLY\*

**WATER Service** Meter Size: \_\_\_\_\_  
 Availability Fee: \$ \_\_\_\_\_  
 Connection Fee: \$ \_\_\_\_\_

**SEWER Service** Grinder Pump Required? Y/N Fee: (\$4,690)\* \$ \_\_\_\_\_  
 In Sewer Tax District? Y/N (If yes, no fee due for grinder pump)  
 Availability Fee: \$ \_\_\_\_\_  
 Connection Fee: \$ \_\_\_\_\_

**TOTAL FEES DUE:** \$ \_\_\_\_\_

\* Price subject to change, at any time, due to vender price increases (increased 6/1/2013).

Receipt of \$ \_\_\_\_\_ Acknowledged by: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor/Town Council Approval: \_\_\_\_\_ Date: \_\_\_\_\_