



TOWN OF FISHKILL

807 ROUTE 52

FISHKILL, NEW YORK 12524

PHONE: (845) 831-7800 FAX: (845) 831-6040

WWW.FISHKILL-NY.GOV

APPLICATION FOR COMMERCIAL WATER SERVICE

PLEASE NOTE THAT THE OWNER OF THE PROPERTY IS ULTIMATELY RESPONSIBLE FOR THE PAYMENT OF ALL WATER BILLS.

APPLICANT COMPLETES FRONT OF FORM. REVERSE SIDE IS FOR INTERNAL USE

OWNER INFORMATION:

OWNER NAME:

STREET ADDRESS:

CITY: STATE: ZIP CODE:

EMAIL:

CELL PHONE: HOME PHONE:

SERVICE ADDRESS AND PROPERTY PURPOSE: contact Water Department for parcel ID and Building Department for Zone information if needed

STREET ADDRESS: DESCRIBE PROPERTY PURPOSE:

CITY: STATE: ZIP CODE:

PARCEL ID (SECTION,BLOCK,LOT No.):

ZONING CHANGE DESIRED? Yes No (if zoning change is required contact zoning administrator prior to proceeding)

PRESENTLY ZONED: DESIRE CHANGE TO:

BILLING ADDRESS:

APPLICANT REQUESTS BILLS SENT TO: OWNER ADDRESS SERVICE ADDRESS

IDENTIFY WATER DISTRICT APPLYING TO: if unknown, contact Water Department

BEACON HILLS GLENHAM BLODGETT BRINCKERHOFF MERRITT ROMBOUT OTHER

TENANCY: if unknown, contact Water Department

PROPERTY LOCATED IN TOWN OF FISHKILL YES NO IN-DISTRICT OUT OF DISTRICT NOTE: A BUY-IN FEE & A MAP, PLAN AND REPORT MAY BE REQUIRED TO EXPAND A DISTRICT TO INCLUDE THIS PROPERTY

CAPACITY REQUESTED: contact your engineer for guidance

PRELIMINARY CAPACITY REQUESTED BY APPLICANT: WATER CONSUMPTION Gal/Day

FIRE SUPPRESSION:

FIRE SUPPRESSION REQUIRED: Yes No ARE CALCULATIONS AVAILABLE FOR REVIEW: Yes No

FIRE SUPPRESSION DEMAND: Gal / min FIRE SUPPRESSION DURATION: Minutes

NEW OR EXISTING:

NEW CONSTRUCTION EXISTING OR MODIFIED STRUCTURE

WILL THIS PROPERTY HAVE: (CHOOSE ALL THAT APPLY) IRRIGATION SYSTEM POOL IF EXISTING PROPERTY, ARE BACKFLOW PREVENTION DEVICES PRESENT: YES NO

SIGNATURE OF OWNER OR AGENT: application will not be accepted without a signature

OWNER Print: Sign: DATE:

AGENT Print: Sign: DATE:

PLEASE SUBMIT COMPLETED FORM TO TOWN HALL, OR SCAN AND EMAIL TO: STetro@FISHKILL-NY.GOV

OFFICE USE ONLY: ACCOUNT #: # OF UNITS # OF METERS DISTRICT / BILLING CODE: NEW ACCOUNT CHANGE OF OWNER FINAL CAPACITY APPROVED BY TOWN: WATER CONSUMPTION Gal/Day NOTE: SERVICE FOR A NEW ACCOUNT WILL NOT BE ACTIVATED UNTIL: CUSTOMER'S SERVICE LINE AND METER INSTALLATION HAVE BEEN INSPECTED AND APPROVED; ALL CHARGES OF OUTSTANDING BALANCES ARE ACCEPTED AND PAID; COMPLETED APPLICATION IS SUBMITTED AND SIGNED; AND BACKFLOW PREVENTION REQUIREMENTS AND VIOLATIONS ARE ADDRESSED.

## TOWN OF FISHKILL INTERNAL REVIEW

<b>NEW CONSTRUCTION REQUIRES APPROVAL</b>  BUILDING DEPT <input type="checkbox"/> PLANNING DEPT <input type="checkbox"/>	<b>EXISTING STRUCTURE REQUIRES APPROVAL</b>  BUILDING DEPT <input type="checkbox"/>  TOWN BOARD <input type="checkbox"/>	<b>STRUCTURE MODIFICATION REQUIRES APPROVAL</b>  BUILDING DEPT <input type="checkbox"/> PLANNING DEPT <input type="checkbox"/>
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FEE REQUIREMENTS							
<input type="checkbox"/> ESCROW	<input type="checkbox"/> TAPPING	<input type="checkbox"/> BUY-IN	<input type="checkbox"/> BUILDING PERMIT	<input type="checkbox"/> INSPECTION	<input type="checkbox"/> ROAD OPENING		

WATER/SEWER SYSTEM OPERATOR COMMENTS:

COMPTROLLER'S OFFICE:						
<u><i>In District</i></u>	<u><i>Out of District</i></u>	<u><i>Expanding District</i></u>				
Min. usage requirement: _____	Min. usage requirement: _____	Map, Plan & Report Approx. Cost: _____	Min. usage requirement: _____			
Usage rate\$ _____ dollars per cu-ft annually adjusted	Buy-In Fee \$ _____ one time	Reduction Fee \$ _____ adjusted	Usage Rate\$ _____ dollars per cu-ft annually adjusted	Buy-In Fee \$ _____ one time	Approx. Annual Tax Levy \$ _____ annually adjusted	Usage Rate\$ _____ dollars per cu-ft annually adjusted
NOTE: one cu-ft water = 7.48 gallons      one gallon water = 0.133681 cu-ft						

TOWN ENGINEER'S COMMENTS

SIGNATURES REQUIRED				
<i>PERMISSION GRANTED &amp; APPLICATION ACCEPTED BY:</i>		DATE	RECEIVED \$	CHECK #
WATER SYSTEM OPERATOR _____				
WATER DEPARTMENT _____				
TOWN BOARD _____				
BUILDING/PLANNING/ZONING DEPT _____				
FIRE INSPECTOR _____				
BUILDING INSPECTOR NOTIFIED WATER DEPARTMENT THAT WATER METER WAS INSTALLED AND INSPECTED		<input type="checkbox"/> COMPLETE _____ DATE		
AS-BUILT DRAWINGS WERE SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		FINAL AS-BUILT INFO IS RECORDED BELOW		
TAP SIZE: _____	LINE SIZE: _____	LINE LENGTH: _____	MATERIAL: _____	METER SIZE: _____
DATE: _____		METER SETTING: _____		

WATER DEPARTMENT COMMENTS:

CUSTOMER ACCOUNT CREATED <input type="checkbox"/>	METER INSTALLATION DATE _____
ACCOUNT # _____	METER SERIAL # _____
ENTERED INTO DATABASE: Date: _____ By: _____	