



TOWN OF CLINTON
 INCORPORATED APRIL 5, 1865
 43 Leigh St., P.O. Box 5194
 Clinton, N.J. 08809-5194
 (908) 735-8616 FAX (908) 735-8082

TOWN OF CLINTON WATER DEPARTMENT
APPLICATION FOR PERMIT TO CONNECT WITH WATER SYSTEM

FOR WATER DEPARTMENT USE ONLY

Date Filed: _____ Received by: _____
 Approved Denied By: _____ Signature: _____
 Water Reservation Application No: _____ Resolution No: _____ Date: _____
 (If applicable)
 Connection Fee: _____

TO BE COMPLETED BY APPLICANT

I, _____, do hereby apply to the Water Department, Town of Clinton, for a water service
 (Property owner)

connection on _____, _____
 (Block) (Lot) (Property Address)

(Boro, Town, Township) of _____.

Size of tap: _____

Type of building (Residential, Commercial, etc): _____

Construction (Single Family, Multi-Family, Non-residential, etc): _____

Has the Street Opening Permit been obtained? Yes No

Have you obtained Plumbing Code Official Approval? Yes No

Has the meter pit been constructed as per CWD standards? Yes No

(If applicable)

Name and address of plumbing contractor: _____

APPLICANT

Name: _____ Email: _____

Address: _____ Phone: (____) _____

_____ Fax: (____) _____