



**MOHAWK VALLEY
WATER AUTHORITY**

Quality water... for life.

TAP APPLICATION

FOR MVWA USE

APP # _____

WO # _____

Acct # _____

OWNER ACCOUNT INFORMATION (OWNER / AUTHORIZED AGENT / CONTRACTOR MUST COMPLETE & SIGN)
(PLEASE PRINT ALL INFORMATION IN THIS FORM)

Water Service Address		City	
Highway Permit Number (if required)	Plumbing Permit Number (required in Utica)		
Owner Name		Application Date	
Billing Address	City	State	Zip
Phone (home)	(mobile)	E-mail	
General Contractor	Contact Name	Phone	
Plumbing Contractor	Contact Name	Phone	
Excavator	Contact Name	Phone	

By initialing and signing below, I acknowledge that:

Initial

- I have received and will abide by the MVWA Application Instructions for Service Connections _____
- I must furnish required permits prior to commencing service installation _____
- I must guarantee the water service installation for a period of three years _____
- I must contact MVWA Customer Service at (315) 792-0301 for meter appointment _____
- A water meter is required to be set prior to issuance of Certificate of Occupancy. Failure to comply will result in a \$2,000 fee. _____

Owner Signature: _____

Date: _____

- I have received and will abide by the MVWA Application Instructions for Service Connections _____
- Excavations **must** meet MVWA/OSHA (29 CFR 1926 subpart P Excavation) standards and Excavators must have the required insurance policy _____

Contractor Signature: _____

Date: _____

Circle One: General Contractor Plumbing Contractor Excavator

CONNECTION INFORMATION (TO BE COMPLETED BY MVWA) Eng. Staff Initials: _____		
Water Service Address		City
Name of Development/ Subdivision	Other Location Description	
Lot #	SWIS #	
Print Key #	Tap: <input type="checkbox"/> New <input type="checkbox"/> Existing	
Service Zone:	Static Pressure (psi):	PRV Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Main Size: _____ Type: <input type="checkbox"/> DI <input type="checkbox"/> CI <input type="checkbox"/> Other	Distance building to main: _____ ft. Ford Box: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Fire <input type="checkbox"/> Combined		Service Size: _____
Required Permits:	Excavator Insurance Exp. Date:	
METERS		
Meter Type: <input type="checkbox"/> Displacement <input type="checkbox"/> Compound <input type="checkbox"/> Turbine <input type="checkbox"/> Combined <input type="checkbox"/> Ratio	Number of Meters	Meter Size
Meter Type: <input type="checkbox"/> Displacement <input type="checkbox"/> Compound <input type="checkbox"/> Turbine <input type="checkbox"/> Combined <input type="checkbox"/> Ratio	Number of Meters	Meter Size
Meter Type: <input type="checkbox"/> Displacement <input type="checkbox"/> Compound <input type="checkbox"/> Turbine <input type="checkbox"/> Combined <input type="checkbox"/> Ratio	Number of Meters	Meter Size
Meter Type: <input type="checkbox"/> Displacement <input type="checkbox"/> Compound <input type="checkbox"/> Turbine <input type="checkbox"/> Combined <input type="checkbox"/> Ratio	Number of Meters	Meter Size
BACKFLOW DEVICE		
BFP Req: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> Res. Dual Check	BFP Size:	Make: Model: Serial #:
BFP Req: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> Res. Dual Check	BFP Size:	Make: Model: Serial #:
CONNECTION FEES		
Frontage Charge (Attach copy of Deed or Tax Map) _____ ft at \$ _____ per ft.	Amount	
Building Water Charge: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft at \$ _____ per sq. ft.	Amount	
Bacteriological Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Tap Charge:	Amount	
Total Charges:	Amount Due	
Paid By Check # _____ Credit Card Confirmation # _____	Approved By	

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