



The Village of Doylestown
Board of Public Affairs
24 South Portage Street
Doylestown OH 44230



A VILLAGE WITH VALUES

A TOWN OF TRADITIONS

UTILITY SERVICE HOOK UP APPLICATION

Date: _____

Permit No. _____

Service Address: _____

Owner Name: _____

Billing Address: _____

Phone: _____

Contractor: _____

Contact Person: _____

Address: _____

Phone: _____

- | | | |
|-------------------------------|---|---|
| Proof of Property Ownership: | <input type="checkbox"/> Copy of Deed | <input type="checkbox"/> Copy of Tax Bill |
| House Water Service Type: | <input type="checkbox"/> ¾" Copper | <input type="checkbox"/> 160 PSI Plastic |
| Back Flow Preventer: | <input type="checkbox"/> Low Hazard | <input type="checkbox"/> High or Low Hazard |
| Residential Meter and Remote: | <input type="checkbox"/> Meter to be installed by Contractor | |
| Sewer Service Type: | <input type="checkbox"/> 6" Schedule SDR 35 | |
| Right of Way Permit Required: | <input type="checkbox"/> Contractor Must Obtain Right-of-Way Permit | |
| | <input type="checkbox"/> Property Card | |

PUMP STATION ASSESSMENT: \$ _____

WATER TAP-IN FEE: \$ _____

SANITARY SEWER TAP-IN FEE: \$ _____

OUTSIDE METER: \$ _____

TOTAL DUE: \$ _____

It is understood that this permit is a condition such that the holder of the permit agrees to perform the work in accordance with the regulations of the Village of Doylestown.

The undersigned here by certifies that the information contained in the application is true and correct.

Signature

Printed Name

Phone: 330-658-2181

Web Address: www.doylestown.com

FAX: 330-658-3838