



**APPLICATION FOR WATER TAPPING PERMIT**

- Replacement   
  New   
  Large  
*(3 inches or greater)*   
  Other   
  Inspection Only

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Service Point #: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
 Owner (or) Developer: \_\_\_\_\_ Building Use: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ (L) \_\_\_\_\_ (B) \_\_\_\_\_  
 Plumbing Co. \_\_\_\_\_ Licensed Plumber Signature: \_\_\_\_\_ Tel #: \_\_\_\_\_  
 Tap Size: \_\_\_\_\_ Main Size: \_\_\_\_\_ Special Requirements: \_\_\_\_\_

Work Order #: \_\_\_\_\_  
 Location of Stop Box: \_\_\_\_\_ Feet \_\_\_\_\_ of \_\_\_\_\_  
 Location of Stop Box: \_\_\_\_\_ Feet \_\_\_\_\_ of \_\_\_\_\_  
 Location of Tap: \_\_\_\_\_ Feet \_\_\_\_\_ of \_\_\_\_\_  
 Location of Main: \_\_\_\_\_ Feet \_\_\_\_\_ of \_\_\_\_\_ Line \_\_\_\_\_  
 Main Size: \_\_\_\_\_ Main Type: \_\_\_\_\_  
 Depth at Main: \_\_\_\_\_ Depth at Box: \_\_\_\_\_  
 Tap Made: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tapper: \_\_\_\_\_  
 Inspected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Inspector: \_\_\_\_\_  
 Comments: \_\_\_\_\_

- Inspection Passed   
  Inspection Failed   
  Requires Re-inspection

Tapping Saddle (\*\*if checked fill out Manufacture/Model)   
  Direct Tap  
 \*\*Manufacture: \_\_\_\_\_ \*\*Model: \_\_\_\_\_  
 \*\*Manufacture of Corp: \_\_\_\_\_