HANOVER WATER DEPARTMENT

Application for New or Modified Service or Meter — Rev. 09/2019

HIGHLIGHTED AREAS FOR OFFICIAL USE ONLY **Connection No.** _____

	Date	By
Received		
Activated		
Fee Paid		
Amount		

Meter Size _____
☐ SM700 ☐ evoQ4
P&Z Permit #

Address _____

Owner Telephone Number _____

Address of Building _____

Tax Map # _____ Tax Lot # _____

Building Use: ☐ Residential ☐ Industrial ☐ Commercial ☐ Condominium ☐ Public Building

Backflow Requirements

Describe potential hazards or cross connections (list chemicals and quantities stored on site.) Attach separate sheet if required.

Is there an existing backflow device(s)? ☐ YES ☐ NO

If yes, what type? ☐ Dual Check (Residential only) ☐ Double Check (testable) ☐ RPZ

Fixture Units

Description	Units Fixture	Units	Total	Description	Units Fixture	Units	Total
Bathtub	8			Urinal Pedal Flush Valve (Floor mount)	35		
Bedpan Washers	10			Urinal Flush Valve (wall mount)	12		
Comb Sink & Tray	3			Urinal trough 2' long	2		
Dental Unit	1			Wash sink (per set)	4		
Dental Lavatory	2			Dishwasher 1/2" connection	5		
Drinking Fountain - Cooler	1			Dishwasher 3/4" connection	10		
Drinking Fountain - Public	2			Water Closet Flush Valve (toilet)	35		
Kitchen sink 1/2" connection	3			Water Closet tank type (toilet)	3		
Kitchen sink 3/4" connection	7			Washing Machine 1/2" service	5		
Lavatory 1/2" connection	2			Washing Machine 3/4" service	12		
Lavatory 3/4" connection	4			Washing Machine 1" service	25		
Showerhead (shower only)	4			Hose Connection 1/2" (sill cock)	3		
Service sink 1/2" connection	3			Hose Connection 5/8' (sill cock)	5		
Service sink 3/4" connection	7			Hose Connection 3/4" (sill cock)	7		
				Other			
						Total	

Service

Fire Sprinkler System? ☐ Yes ☐ No

If yes, Number of heads _____

Existing Use _____

If residential existing bedrooms _____

If residence torn down what date _____

Proposed Bedrooms _____

Proposed or existing Service:

Size ☐ 3/4" ☐ 1" ☐ 1-1/2" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 8"

Other_____

Type ☐ Copper ☐ Cast Iron ☐ Ductile Iron Other _____ (must be approved by DPW)

Meter

Is there an existing meter? ☐ Yes ☐ No

Signature *This application will not be processed unless signed by the owner or authorized agent. By signing this application, the Owner agrees to allow the Town of Hanover personnel access to meters at a mutually convienient time whenever possible. The Applicant shall be responsible for any damage to meter wiring and register devices. The Owner agrees to conform to Town of Hanover Water Use Regulations. Violations to Water Use Regulations may lead to immediate termination of service depending upon the severity or nature of the violation. The Town of Hanover will make a reasonable attempt to notify customers of potential loss in service due to planned system maintenance or in the event of system failures when possible. The Town does not guarantee prior notice of all interuptions of service.*

Owner's Signature _____ Date _____ Owner's Authorized Applicant if Owner not Applicant _____

Applicant's contact information if different than owner:

Applicant's Name (Please Print) _____ Applicant's Address _____ Phone Number _____