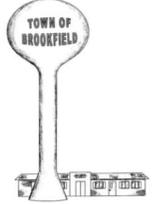


APPLICATION

- MODIFICATIONS TO EXISTING WATER SERVICE -



SANITARY DISTRICT NO. 4 – TOWN OF BROOKFIELD
 645 N. Janacek Rd., Brookfield, WI 53045
MAILING: P.O. Box 1296, Brookfield, WI 53008-1296
 Office: 262-798-8631 Fax: 262-796-0339



| ADDRESS OF PROPERTY TO BE SERVED WITH WATER (IF NO ADDRESS ATTACH SURVEY WITH LEGAL DESCRIPTION) | | | |
|--|--------------|-------------|----------------|
| Lot Number | Block Number | Subdivision | Tax Key Number |

| | | |
|---------------|------------------|---------------|
| Name of Owner | Address of Owner | Telephone No. |
|---------------|------------------|---------------|

Application is for service to: Existing Building Modified Building New Building

| | |
|--|-------|
| | Email |
|--|-------|

Type of Occupancy - (check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Two Family Home | <input type="checkbox"/> Multi-Family Building / Number of Units [____] |
| <input type="checkbox"/> Commercial, Retail | <input type="checkbox"/> Commercial, Office | <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Hotel, Motel | <input type="checkbox"/> Industrial | <input type="checkbox"/> Restaurant <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Other _____ | | |

Mandatory Requirement: If an existing lateral (which was installed on owner's property for future water) is used to make the connection to the municipal water, IT MUST BE PRESSURE-TESTED at the time of connection.

Applicants for other than single or two family dwellings must provide the following information:

- Please indicate the service lateral size desired: 1" [] 1 ¼" [] 1 ½" [] 2" [] Other Size []
- Will the building have a fire sprinkler system? Yes [] No [] - If YES, give system size _____, # of sprinkler heads _____
- Will the building require the installation of fire hydrants? Yes [] No [] - If YES, how many _____ fire hydrants.

Water Meter Size

The Utility will select and furnish the correct meter size based on the calculated peak demand for the building. Indicate the calculated peak demand and **attach computations used to determine this rate.** Calculated peak demand _____ GPM.

The applicant agrees to pay for water service in accordance with the rate, rules, and regulations authorized by the Public Service Commission of Wisconsin in effect at the time of delivery, and including all future amendments, as authorized by the PSC. The applicant further agrees to abide by the rules, regulations, and ordinances of Sanitary District No. 4, the Town of Brookfield Plumbing Code, and all applicable provisions of the Wisconsin Statutes and Wisconsin Administrative Code.

Signature of OWNER _____ Date _____

Print or type Name _____

| FOR DEPARTMENTAL USE | | | |
|-------------------------------------|-----------|----------------------------|---------------------|
| Application For Service Approved by | | Date | Meter Size Approved |
| Lateral Installed By | License # | Installation Approval Date | Plumbing Permit No. |

Note: The approval of this application expires 60 days from the date approved. An administrative fee of \$15.00 will be charged for each additional approval. If utility personnel come to install the water meter and find that the wrong size meter horn has been installed, the property owner will be billed a \$50.00 rescheduling fee. Installation of a meter does not grant, nor imply in any way, plumbing approval. Please contact the Town of Brookfield Building Inspections for all approvals of plumbing work.