

KENNEBUNK, KENNEBUNKPORT & WELLS WATER DISTRICT
92 Main Street, P.O. Box 88
Kennebunk, ME 04043

Phone (207) 985-3385
Fax (207) 985-3102
Email info@kkw.org

APPLICATION FOR NEW WATER SERVICE

Date _____

OWNER INFORMATION:

Name _____
Address _____
Phone _____ Fax _____
Email _____

AGENT/CONTRACTOR:

Name _____
Address _____
Phone _____ Fax _____
Email _____

* By checking this box and typing my name below, I am electronically signing my application.

Signature _____

Signature _____

PROPERTY INFORMATION:

Town _____ Street Address _____
Property Tax Map _____ Block _____ Lot _____
Subdivision _____ Lot _____

TYPE OF SERVICE:

Year round _____ Seasonal _____
Commercial Use: Yes _____ No _____

SERVICE SIZE: (Main to gate) _____ "

SERVICE PIPE: (Street to house)

Size _____ Depth _____ Distance _____
Material _____

NOTE: IF NEW CONSTRUCTION, PLEASE SUBMIT A COPY OF THE BUILDING PERMIT

THIS PORTION TO BE COMPLETED BY DISTRICT PERSONNEL

MAIN: Availability: Yes _____ No _____ Deep _____ Surface _____ Size _____ Material _____
SERVICE: Water _____ Fire _____
(Main to Gate) Depth _____ Distance _____ Size _____ Material _____
METER: Size _____ Location: Basement _____ Box _____ Other _____

FIELD CHECKLIST: Date / #
Bldg. Permit Rec'd _____
Estimate Sent _____
Opening Permit Appl _____
Opening Permit Rec'd _____
Dig Safe Notified _____
Dig Safe Permit # _____
G to H Installed _____

| DEPOSITS: | <u>Amount</u> | <u>Date paid</u> | <u>Paid by</u> |
|------------------|---------------|------------------|----------------|
| Meter | \$ _____ | | |
| S.D.C. | \$ _____ | | |
| Service | \$ _____ | | |
| Other | \$ _____ | | |
| TOTAL | \$ _____ | | |

COMMENTS: