

Municipal Services Commission of the City of New Castle, Delaware

Subject to the Rules and Regulations of the Municipal Services Commission

Commercial Development Water Service Application

Customer Information

Owner's Name: _____

Social Security #: _____

Trading As (Business Name): _____

Exact Service Address: _____

Billing Name and Address: _____

Phone #: _____

Fax #: _____

E-mail address: _____

Date Service Requested: _____

General Contractor

Contact Person: _____

Phone #: _____

Fax #: _____

E-mail address: _____

Mailing Address: _____

Plumbing Contractor

Contact Person: _____

Phone #: _____

Fax #: _____

E-mail address: _____

Mailing Address: _____

Tapping Contractor

Contact Person: _____

Phone #: _____

Fax #: _____

E-mail address: _____

Mailing Address: _____

Project Description

What date is the new project expected to begin? _____

Will you need temporary construction service? Yes _____ No _____

(Fill out the application for temporary construction service)

**Temporary construction service is provided on a “cost to serve” basis. This service may not be available in all locations.*

Check one: New Construction _____ Addition _____ Renovation _____

Square Footage: _____

Building Permit #: _____

Type of structure:

Commercial Warehouse _____

Office Building _____

Five or More Dwelling Units _____

Retail/Wholesale _____

Food/Convenience Store _____

Sanctuary or School _____

Health Care Facility _____

Service Establishment _____

Industrial Warehouse _____

Service Repair/Garage _____

Manufacturing/Industrial Building _____

Other _____

Required Documents

- 1. Approved Record Plan
- 2. Complete set of working prints
- 3. Digital Copy; DWG file

Prior to the installation of water facilities on private property, you will be required to furnish acceptable rights of way which enables the MSC to serve your property. Please provide DEED information exactly as it appears on the deed record so that an easement can be prepared for proper signatures.

Service Requirements

Size of Service: 1" _____ 2" _____ 3" _____ 4" _____
6" _____ 8" _____ 10" _____ 12" _____
Meter Size: 5/8"x3/4" _____ 1" _____ 1 1/2" _____ 2" _____
3" _____ 4" _____ 6" _____

Does the property have fire protection? Yes _____ No _____

Does the property have a fire pump? Yes _____ No _____

Type of Fire Protection:

Dry System _____ Wet System _____

Will anti-freeze solutions or chemical additives be used in the system? Yes _____ No _____

Auxiliary Water Tank _____

Other, please explain _____

Fire Hydrants: Yes _____ No _____

Public _____ Qty _____

Private _____ Qty _____ Wall Hydrants _____

Allocation Requirements

Daily Allocation of Water Requested _____ GPM _____ GPD

Will water be used for processing/manufacturing purposes? Yes _____ No _____

Allocation of Water Requested for Fire Protection _____ GPM

Irrigation System Yes _____ No _____

Irrigation System Allocation _____ GPM

Auxiliary Water Storage: Elevated Tank _____ Pressure Tank _____

I hereby agree to pay for all utility services consumed on said premises in accordance with the tariff and comply with the rules and regulations of the MSC. A DEPOSIT MAY BE REQUIRED AS A MEANS OF ESTABLISHING SATISFACTORY CREDIT.

Signature: _____ Date: _____

Title: _____

FOR OFFICE USE ONLY

Date Received: _____

Received by: _____

Deposit: _____

Account #: _____

FOR PLANT USE ONLY

Date Received: _____ Dead End/ Looped System

Time Received: _____ Street Opening Required: Y/N

Received by: _____ Cross-Connection Control:

Main Size Available: _____ Domestic: DCV _____ RPZ _____

Fire: DCDCV _____ RPZDC _____