TOWN OF BARRE
WATER APPLICATION

Please fill in all information requested. Failure to fill out completely may delay review. If you need assistance, please contact the Town Engineer. Please note: Additional local permits beyond town permits are required, as well as state permits may be required for proposed use. Applicant is advised to consider other permits and/or approvals that may be required. State permit specialists can be reached at 802-476-0195.

Applicant / Landowner

Name _______________________________________  Mailing Address ____________________________________

Phone ______________________________________  City, State, Zip ________________________________

Email ______________________________________

Property location ______________________________  Parcel ID ________________  Zoned _______________________

Name of Contractor: ____________________________ Phone ______________________________________

Water Connection Fittings or Provisions: REQUIRED
1) Service connection corporation (valve) to the water main □
2) Service line from the main line to a water shut-off □
3) Water shut-off (WSO) valve (shut-off Riser) located at or near the property line □
4) Provide a protected location for the water meter within the foundation (in case of a mobile home the meter must be located in an outside meter pit or other approved device such as an insulated plastic pipe sleeve) □
5) Shut-off valve (minimum ¼ turn) before meter □
6) Pressure reducer before the meter □
7) Corner horn-mounting bracket for horizontal meter mounting □
8) Sensus Water Meter Model 5019 (or approved) reading in 1000 gallons □
9) Double check valve #7 or approved □
10) Ball valve shut-off □
11) Two-wire touch pad remote mounted on pre-approved exterior location of building or on a wood riser post near the meter pit or other approved location □

Show on Sketch: REQUIRED
1) Dimensions of lot
2) Location of street
3) Direction of north
4) Location of existing water main, sewer lines
5) Proposed service connection routes for water, sewer
6) Building location
7) Size of service pipes

NOTIFY D.P.W. AT LEAST 48 HOURS PRIOR TO COMMENCEMENT OF WORK


Signature: _______________________________  Date: ____________________

OFFICE USE ONLY
Date Received: Application: ___ / ___ / ___ Plans: ___ / ___ / ___ Fee Rec’d: ___ / ___ / ___ Meeting ___ / ___ / ___

_____ Approved  _____ Denied  _____ Town Engineer

Rev: 05/20/2020