## SMITHFIELD WATER SUPPLY BOARD

64 FARNUM PIKE, ESMOND RI 02917

WATER CONNECTION PERMIT APPLICATION	
DO NOT COMPLETE THIS SECTION	
PERMIT NO:	APPROVED BY:
ACCOUNT NO:	DATE APPROVED:
SEECTION 1: PROPERTY OWNER/BILLING INFORMATION	
OWNER NAME:	PHONE:
OWNER ADDRESS:	EMAIL:
LICENSE OR ID NO:	(Attach copy to Application)
BILLING ADDRESS:	□ Check if Billing Address is the
	same as Property Owner
SEECTION 2: CONTRACTOR INFORMATION	
COMPANY NAME:	PHONE:
PRIMARY CONTACT:	PHONE:
COMPANY ADDRESS:	EMAIL:
CONTRACTOR LIC.:(Attach copy to Application + Proof of Insurance)	
SEECTION 3: SERVICE LOCATION AND INFORMATION	
SERVICE ADDRESS:	<ul> <li>Check if same as Property Owner listed in Section 1</li> </ul>
TAX ASSESSOR PLAT, LOT	
BUILDING TYPE: 🗆 SINGLE FAMILY RESIDENTIAL 🛛 2-4 FAMILY RESIDENTIAL	
□ CONDOMINIUM □ COMMERCIAL/INDUSTRIAL □ OTHER	
BUILDING USE:(Type of Business)	
USE (Check all that apply):  DOMESTIC  IRRIGATION  FIRE PROTECTION  INDUSTRIAL	
$METER SIZE(S): \Box  {}^{5}/_{8}{}''  \Box   {}^{3}/_{4}{}''  \Box   {}^{1}/_{2}{}''  \Box   {}^{2}/_{2}{}''  {}^{2}/_{2}{}''  \Box   {}^{2}/_{2}{}'' \; {}^{2}/_{2}''  \Box   {}^{2}/_{2}''  \Box   {}^{2/_{2}/_{2}'$	
NOTE: CONNECTION PLANS REQUIRED WITH PERMIT APPLICATION IN ACCORDANCE WITH SECTION 6.1 OF THE RULES AND REGULATIONS	
SEECTION 4: FEES AND PAYMENT – TO BE COMPLETED BY SWSB	
CONNECTION/MAIN CHARGE: \$	
CONNECTION/MAIN CHARGE:\$ANNUAL SERVICE CHARGE:\$	
	te)
ANNUAL SERVICE CHARGE: \$	
ANNUAL SERVICE CHARGE:       \$	te)
ANNUAL SERVICE CHARGE:       \$	te) : 🗆 CASH 🗆 CHK No
ANNUAL SERVICE CHARGE:       \$	te) : 🗆 CASH 🗆 CHK No

I request water service at the above premises and agree to use and pay therefor in accordance with the Board's established rates and rules, as amended.

Signature