

City of Richmond, Virginia

Department of Public Utilities Development Services Office

APPLICATION FOR NEW WATER AND / OR SEWER SERVICES/INFRASTRUCTURE

DPU Development Services 900 E Broad Street [Room 115] Richmond, VA 23219 (804) 646-8544 DPU.DevelopmentServices@rva.gov

	Property Information	Application Date:	_		
	Address: Parcel ID / Project Name [if applicable]:				
	Property Owner[s]:				
	Contact info: Phone/email://				
	Billing Address:				
Applica	nt Information:				
	Name:				
	Contact info: Phone/email:////				
		Single Family Residential			
	Proposed site use:	Single Family Residential Commercial [including Apartments] If Apts, number of units			
		Industrial/Manufacturing			
	Does the site have access to existing public water and sanitary sewer mains? If no, an extension of the public system[s] as applicable would be required at the expense of the owner/builder/developer				
WATER	<u>:</u>				
>	Does site have current or previous public water service [domestic and/or fire]? o If "YES" what is size of existing/previous domestic water meter[s]?				
<u>SANITA</u>	<u>RY SEWER:</u>				
\blacktriangleright	 Does site have current or previous public sewer service?				
COMM	ERCIAL/INDUSTRIAL INFO	RMATION REQUIRED [Meter sizing form and ISO calcs must be shown on pl	ans]		
NOTE: d	all commercial properties a	re required to have an RPZ backflow prevention device on the domestic wat	er		
	in accordance with DPU Cr				
 Are there any associated plans or permits that have been issued or that are under review by the City for this location? If "yes", please list: 					
Enginee	er Information:				
Name/Firm: /					

Contact info: Phone/email: ______/____/



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WATER:

\succ	What is the domestic water demand for the new/proposed use? gpd	gpm	
	Comments:		
\blacktriangleright	What is the fire water demand for the new/proposed use? gpd	gpm	
	Comments:		
>	Will any existing water services be reused?		
	Comments:		
\blacktriangleright	Is/are new water service[s] required for domestic use? If yes, what size meter[s]?		
\triangleright	Is/are new water service[s] required for fire use? If "yes", what size meter[s]?		
\triangleright	Will additional fire hydrants be required to meet applicable ISO and Fire Code requirements?		
	 If "yes", how many 		
	Comments:		
>	Is a new water service required for irrigation use? If "yes", what size meter[s]?		
<u>SANITA</u>	ARY SEWER:		
\succ	What is the expected wastewater [sanitary sewer] discharge for the new/proposed use?	gpd	
	 Is a new sanitary sewer service required? If "yes", what size lateral? 		
ST	ORM SEWER:		
\succ	What is the expected storm water discharge for the new/proposed use? gpd		
	 Does this exceed the current/pre-existing conditions? 		

- Is a new storm water connection to the existing public system required?
 - If "yes", what size lateral/connection?

Comments:

For Commercial/Industrial/Manufacturing applications a civil site plan or detailed sketch, inclusive of a completed meter sizing form in electronic format [pdf], must be provided for all proposed water and sewer installations.

A minimum of 45 days after plan/application approval, inclusive of the payment/receipt of any associated fees, should be allowed for any DPU installations.

By signing this form, I hereby agree to be liable for, and to pay the charges for, the water and sewer services as may be required according to the applicable City Code; and further certify that I understand the DPU's and my responsibilities and that the information I have provided is true and accurate to the best of my knowledge.

Name [Print] :	Position/title:
Signature:	Date:



DPU Billing Request Form for Water/Sewer Permit Applications

City of Richmond, Virginia – Department of Public Utilities Development Services Division 900 E. Broad St., Room 115 Richmond VA 23219 Office: 804-646-8544 Fax: 804-646-3199 Email Address: DPU.DevelopmentServices@rva.gov

SERVICE ADDRESS: _____

PROJECT NAME: ______

CURRENT ACCOUNT NUMBER [IF APPLICABLE]: ______

[Note: provide only if you wish the billing to remain to the same service address listed above]

COMMERCIAL ACCOUNTS

Company Name:		
ederal Tax ID #:		
illing Address:		
City, State, Zip Code:		
Billing Phone Number:		
Billing Email Address:		

RESIDENTIAL ACCOUNTS

First Name:	Last Name:			
Driver's License Number OR Last 4 of SSN				
Billing Address:				
City, State, Zip Code:				
Billing Phone Number:				
Billing Email Address:				