

**TOWN OF KILMARNOCK
FACILITY/CONNECTION FEES
APPLICATION FOR UTILITIES PERMIT**

DATE _____ Telephone #: _____

Owner's Name: _____

Mailing Address: _____

I (we) hereby make application to connect to and/or construct utility services in a building(s) to be constructed, under construction, or altered.

Location of Building _____ Tax Map No. _____

Lot Number _____ Development Name _____

1. WATER SERVICE

- | | | |
|--|----------------|-----------------|
| (1) Residential | Facility Fee | \$ _____ |
| | Connection Fee | \$ _____ |
| (2) Commercial | Facility Fee | \$ _____ |
| | Connection Fee | \$ _____ |
| (3) _____ X Per Unit | Facility Fee | \$ _____ |
| (4) IRRIGATION METER CONNECTION FEE | | \$ _____ |

2. SEWER SERVICE

- | | | |
|----------------------------|----------------|-----------------|
| (1) Residential | Facility Fee | \$ _____ |
| | Connection Fee | \$ _____ |
| (2) Commercial \$ _____ | Facility Fee | \$ _____ |
| | Connection Fee | \$ _____ |
| (3) _____ X Per Unit _____ | Facility Fee | \$ _____ |
| | *TOTAL | \$ _____ |

***FACILITY/CONNECTION FEES MUST BE PAID PRIOR TO ZONING PERMIT APPROVAL**

I (we) hereby certify that I (we) have read and understand requirements of The Town Of Kilmarnock ordinances pertaining to this application for utility services as printed on the reverse side of this application and hereby agree to fully conform to all town ordinances pertaining to these utility services.

Signature _____ Date _____

Application Approved _____ Fees Paid Date _____ Signature _____

Application Disapproved _____ Date _____ Signature _____

Inspection is Necessary at Hookup by Field Supervisor

Inspection Completed-signed _____ Date _____

Amount Paid	\$ _____
Balance Due	\$ _____