



# TOWN OF DOVER WATER COMMISSION

100 Princeton Avenue, Dover NJ 07801  
Phone: (973) 366-1221 Fax: (973) 366-7599

## APPLICATION FOR WATER METER INSTALLATION

### FOR WATER DEPARTMENT USE ONLY

Application No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Water Meter Installation Fee Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved  Denied

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Temporary Water Meter  
 Permanent Water Meter

Corresponding Water Service Connection Number, attach copy: \_\_\_\_\_

<u>Building Type</u>	<u>Use</u>	<u>Description</u>
<input type="checkbox"/> New Construction	<input type="checkbox"/> Residential	<input type="checkbox"/> Single Family
<input type="checkbox"/> Existing	<input type="checkbox"/> Public	<input type="checkbox"/> Two Family
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Industrial	

### PROPERTY LOCATION

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Block(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_

Description of Existing Use \_\_\_\_\_

### APPLICANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### PROPERTY OWNER (billing address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Plumber Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**WATER METER INSTALLATION (cont.)**

**CERTIFICATIONS**

*I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I certify that I agree to follow the Rules and Regulations adopted by the Town of Dover Board of Water Commissioners regarding the Construction of Water System Facilities.*

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

**Applicant:** \_\_\_\_\_  
(Printed Name) (Signature of Applicant)

*I certify that I am the Owner of the property which is the subject of this application, and that I have authorized the applicant to make this application and that I agree to be bound by this application, the representations made and the decision in the same manner as if I were the applicant. I further certify that I am the individual Owner or that I am an Officer of the Corporate Owner and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership Owner.(If the applicant is a corporation this must be signed by an authorized corporate officer. I certify that I agree to follow the Rules and Regulations adopted by the Town of Dover Board of Water Commissioners regarding the Construction of Water System Facilities.*

(If the applicant is a partnership, this must be signed by a general partner.)

**Owner:** \_\_\_\_\_  
(Printed Name) (Signature of Owner)