



DOVER WATER COMMISSION
100 Princenton Ave., Dover, NJ 07801
Phone: 973-336-2200

APPLICATION FOR WATER SERVICE CONNECTION

FOR WATER COMMISSION USE ONLY

Application No.: _____ Date Filed: _____
Connection Fee Received By: _____ Date: _____
Approved ☐ Denied ☐ By: _____ Title: _____
Date: _____ Signature: _____
Service Connection Fee \$1,965 Check # _____

☐ New Water Service Connection Corresponding Water Reservation Number, attach Copy: _____
☐ Renewed Water Service Connection
☐ Domestic
☐ Fire Line
Size/Tap: _____

PROPERTY LOCATION

Street Address: _____
Municipality: _____ Block: _____ Lot: _____
Description of Existing Use: _____

APPLICANT

Name: _____
Address: _____
Telephone Number: _____ Email: _____

PROPERTY OWNER

Name: _____
Address: _____
Telephone Number _____ Email: _____

CONTRACTOR/PLUMBER INFORMATION

Name: _____
Address: _____
Telephone Number _____ Email: _____
Name: _____
Address: _____
Telephone Number _____ Email: _____

CERTIFICATIONS

I certify that the foregoing statements and the materials submitted are true. I further certify that am the individual applicant or that I am an Officer of the corporate applicant and that I am authorize 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, must be sign by an authorized corporate officer. If the applicant is a partnership, must be sign 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 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, must be sign 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, must be sign by a general partner.)

Owner: _____
Printed Name Signature of Applicant