WATERWORKS DISTRICT NO. 2, PARISH OF BEAUREGARD

Operation Utility Permit

New Water Service (Tap) Meter/Line

Permit # /Issue Date
/

Owner/Appliant_____Phone: _____

Mailing address_____

Project 911 Service Address: _____

Meter Permit Type: Residential (3/4") _____ Commercial _____ (1"_____ or 2"_____)

Authorized Signature: Date:

New Service Permit Category	**Describe Water Use Category:**
_____Business (e.g. Schools, Stores, Hair salon, etc)	____Residential (e.g. home, shop, etc.)
_____Camp	____Commercial/Industrial (public service, business)
_____Hunting Lease	____ Camp/Hunting lease
_____Vacant land/Property	____ Other (e.g. Agriculture, Farming, Recreational, Cemetery)
_____Leased Property	**I understand that there shall only be one (1) meter per a Single dwelling. There shall be no other occupied structure attached to more than one (1) meter at any and all locations (excluding garages, shops, etc.) _____(initial)**
_____ Recreation (e.g. Ball parks, water parks, RV parks)	**DOUBLE HOOK UPS ARE ILLEGAL (More than one residence on one meter)**
_____ Right of Way/Easement	**THIS IS NOT A PERMIT FOR CONSTRUCTION**

OFFICE USE ONLY

Operations Inspection: (Check all that apply)	**Administration (Proper documentation supplied- check all that apply)**
_____ Road Bore required	**By Customer:**
_____ Line Extension _____ft _____cost per sq ft.	____ User Agreement
_____ Right of Way/ Easement Required.	____ Utility Permit
_____Single Residential dwelling	____ Proof of Ownership (Legal land description/ Contract)
_____ Commercial/business dwelling	____ Waiver Form for Rental/Lease agreement
_____ Vacant Property	____ Right of Way/Easement (If required)
_____ Single Camp/Lease	____ Lease/Rental Agreement or Receipt of Lease/Rental
_____ Multiple Camps/ Hunting Lease	____ Photo ID (Driver's License, Legal ID card)
_____ RPZ Backflow Preventer Required	____ 911 Address Supplied (Required)

Applicant's dwelling/property has been inspected and approved:

_____

Operations Manager Date

All necessary documents have been supplied:

_____

Office Manger Date