



Mail or deliver this application along with a check or money order to:

CHARLOTTE WATER
 Customer Services
 5100 Brookshire Boulevard
 Charlotte, NC 28216
www.charlottewater.org (Service Connections)

Residential Water and Sewer Application

Service Information

First name	Last Name	MI	Company
Street Address			Apartment/Unit #
City	State	Zip	Tax Parcel Number
			Phone (On-site Contact)

Billing Information

First name	Last Name	MI	Company
Street Address			Apartment/Unit #
City	State	Zip	Tax Parcel Number
			Phone (Billing Contact)

Connection Size(s)

Domestic Water		Sewer	
Check the appropriate connection type		Check the appropriate connection type	
Size		Size	
<input type="checkbox"/> ¾ inch		<input type="checkbox"/> 4-inch	
<input type="checkbox"/> 1 inch		<input type="checkbox"/> 1 ½ inch low pressure	
<input type="checkbox"/> Using Private Well		<input type="checkbox"/> Using Private Septic System	
<input type="checkbox"/> Duplex/Triplex		<input type="checkbox"/> Other	
¾ inch is the common residential water service size		4 inch is the common residential sewer service size	
Irrigation			
Check the appropriate connection size:			
<input type="checkbox"/> ¾ inch	<input type="checkbox"/> Split connection	<input type="checkbox"/> Dedicated Connection	<input type="checkbox"/> 1 inch (dedicated connection only)
¾ inch is the common residential irrigation service size			
For split irrigation requests: Is/will domestic meter box be located in concrete? <input type="checkbox"/> Y <input type="checkbox"/> N (Split irrigation <u>not allowed</u> when domestic is in concrete)			
All requests for irrigation service must be accompanied by a Backflow Prevention Service Application			

Office Use Only

NCDOT Road: Y/N _____	NCDOT Encroachment Required? _____	Water Main Size: _____	Sewer Main Size: _____
Map # _____	Side Cross Street _____	Customer# _____	Premise # _____
Water: Short Side/_____	Long Side/_____	Side Street/_____	Ext Req. _____
Water Inv.# _____	Sewer Inv.# _____	Water S/O # _____	Water S/O # _____
Sewer: Short Side/_____	Long Side/_____	Side Street/_____	Ext Req. _____
Sewer S/O # _____	Sewer S/O # _____		
Project # _____			
Multi-Family: _____	Units: _____	Notes: _____	
Cycle: _____	Route: _____	Sequence: _____	

****CUSTOMER SHALL INDICATE SERVICE LOCATION(S) WITH SUPPLIED FLAD OR OTHER MEANS OF MARKING UPON PAYMENT****