

# VILLAGE OF DOLGEVILLE

INCORPORATED 1891

Mary E. Puznowski - Mayor

41 North Main Street  
Dolgeville, NY 13329

Telephone: (315) 429-3112 Fax – 429-3113

Village Website – [villageofdolgeville.org](http://villageofdolgeville.org)

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TDD: (315) 477-6447

TAMMY L. CHMIELEWSKI

*Village Clerk*

MICHELE WEAKLEY

*Village Treasurer*

MARK ROSE

*Attorney*

*Board of Trustees*

WILLIAM REYNOLDS

*Deputy Mayor*

JOSHUA GALLETTA

AMANDA JAQUAY

AMBER KRASZEWSKI

## WATER TAP-IN APPLICATION

Instructions: Please Read Carefully

- 1) This application must be completed and returned to the Village office along with any fees that may apply. Be sure to complete all of the information requested, incomplete applications will be **rejected**.
- 2) The Grade D Water System Operator will review the application for water hookup and approve or disapprove within 30 days from the date of the application.
- 3) Provide name and contact number of person or contractor doing the work:

Company Name and or Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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- 4) Interior plumbing requirements,
    - a) A shut off valve located as near the entry as possible.
    - b) Install water meter setter with idler, provided by the village at owner's expense.
    - c) Provisions for an approved Back Flow Prevention device.
  - 5) Fees for services performed by the Village of Dolgeville Department of Public Works will apply and be determined upon completion of the work.
  - 6) Outside users (outside village limits) must sign a contract agreeing terms and conditions for the services of water supply by the Village of Dolgeville.

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

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

Parcel Street Address of water service request: \_\_\_\_\_

Type of Structure to be supplied:  
Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other \_\_\_\_\_

Type of Heating System: \_\_\_\_\_

Provide a Sketch showing Street and approximate location of building to be supplied, include where proposed water line will be laid, and location of sewer line or septic system (use separate sheet if necessary).

*Print Name:* \_\_\_\_\_

*Sign and Date:* \_\_\_\_\_

*Approved By:* \_\_\_\_\_ *Title* \_\_\_\_\_

*Permit #* \_\_\_\_\_ *Issued:* \_\_\_\_\_

*Adopted: July 16, 2018*