

ROCKINGHAM COUNTY

DEPARTMENT OF PUBLIC WORKS
20 East Gay Street
Harrisonburg, Virginia 22802
(540) 564-3020 Fax: (540) 564-3048

APPLICATION FOR NEW CONSTRUCTION / NEW METER CONNECTION

Date _____

I (we) _____ hereby make application for water _____ and / or _____ sewer service to the premises

located at _____ Subdivision / Area AND Section _____ Lot _____
must have complete street address

Residential _____ Is this a new home? _____ or _____ (notify for cross-connection inspection)
Yes No

Commercial _____ What size meter will you be installing? _____

I (we) understand that connections made are to be in conformance with existing policies and ordinances of the Rockingham County and agree to pay for service(s) at the rates and fees established by and as may be revised by the Rockingham County Board of Supervisors. I (we) further understand that service(s) may be discontinued in the event bills are not paid when due.

Rockingham County reserves (30) days to install new service. Sewer laterals must be inspected by the Community Development Department prior to a Certificate of Occupancy being issued. Failure to do so will require excavation of the lateral.

Signature of Owner / Applicant / Contractor office number alternate / cell Fed. I.D. # / S.S #

Please Print Name

Applicant Mailing address: Office / Mailing Address

There is a \$25.00 fee for any meters requesting to be locked. Lock Meter

ANY DAMAGE INCURRED TO METER DURING CONSTRUCTION WILL BE CHARGED TO THE APPLICANT. SERVICE WILL BE TERMINATED UNTIL BILL IS PAID.

(For Office Use)

Water Service Area _____

Connection Fee \$ 3,750
subdivision./non-subdivision other than 3/4"

Sewer Service Area _____

Connection Fee \$ 6,750
Subdivision/non-subdivision other than 3/4"

Date of Service _____

Meter Number _____ Read = _____

Antenna # _____ W.O # _____

Book # _____ Page # _____

Cash _____ Check # _____ Receipt # _____

Account # _____ Customer # _____

Received by: _____

Emailed Util to set meter ____/____/____