

Town of Boone Application for Water and Sanitary Sewer Utility Service
Department of Public Works
 321 East King Street, Boone, NC 28607
 (828) 268-6250 FAX (828) 268-6257



Instructions: Sections 1-14 below must be completed. Incomplete applications will not be accepted. Compliance with the Town of Boone UDO and payment for all necessary infrastructures needed to provide services may be required. Falsification of any information will be justification for denial. Applicant or a representative must be at water allocation hearing.

1. Applicant's Name _____ Applicant's Phone # _____
2. Applicant's Email Address _____
3. Applicant Mailing Address _____
4. Property Owner's Name _____ Owner's Phone # _____
5. Property Owner's Mailing Address _____
6. Service Address (including Street Name) or Location Description _____
7. TYPE OF DEVELOPMENT :

____ Residential/Single Family	____ Commercial (State Type) _____
____ Residential/Multi- Family	____ Institutional (State Type) _____
Total # of Units ____ / Total # of Bedrooms ____	____ Other (State Type) _____
8. If applicable and/or required, I am willing to annex the entire property for which utility service is requested into the Town of Boone Cooperate Limits? Yes No or, (Entire Parcel/s Are in Town Limit's) Not Applicable _____.
9. If applicable and/or required, I am willing to comply with the Town of Boone Unified Development Ordinance? Yes or No .
10. If applicable and/or required, I am willing to pay for all costs associated with providing utility services to the property for which this application is made ? Yes or No .
11. Tax Parcel Identification Number (P.I.N.) Required _____
12. Is the property for which this application is made undeveloped (i.e. without structure or vacant)? Yes or No .
13. Has the property for which this application is made been subdivided since 2005? Yes or No .
14. Applicant/Owner Signature _____ Date of Application _____

TO BE COMPLETED BY STAFF

Date Application Received _____ Staff Initial _____

Case # _____

Property Jurisdiction: Town Limits _____ **Or** County _____

Staff Comments: _____

 Public Works Director's Signature

Staff Approved In House _____ Date _____

Council Approved _____ Council Denied _____ Clerk Initial _____

Clerk Comments _____

Date Scheduled for Town Council Agenda _____ Staff Initial _____