

**CITY OF BLOOMINGTON UTILITIES  
APPLICATION FOR EXTENSION OF CITY UTILITY SERVICE**

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_

Application For:      Water \_\_\_\_\_      Sewer \_\_\_\_\_      Credit Eligible? \_\_\_\_\_

**Desired Service Location And Description of Project (Must be specific and include map.)**

---

---

---

---

---

**Applicant Information**

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

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

Phone: \_\_\_\_\_      Fax: \_\_\_\_\_      Contact: \_\_\_\_\_

**Developer Information**

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

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

Phone: \_\_\_\_\_      Fax: \_\_\_\_\_      Contact: \_\_\_\_\_

**Development Information**

Name of Development: \_\_\_\_\_

Acres To Be Developed: \_\_\_\_\_      Zoning: \_\_\_\_\_

Residential Acreage: \_\_\_\_\_      # Multi Units: \_\_\_\_\_      # Single Units: \_\_\_\_\_

Type of Units: \_\_\_\_\_      (Condos, Houses, Duplexes, Apts.)

Fee Simple Lot Ownership Proposed:      YES      NO

Estimated Domestic Demand: \_\_\_\_\_      Estimated Fire Flow: \_\_\_\_\_

**CITY OF BLOOMINGTON UTILITIES  
APPLICATION FOR EXTENSION OF CITY UTILITY SERVICE**

Commercial Acreage: _____	# Buildings: _____	Total Sq Ft: _____
Type of Units: _____ (Multi or Single Unit Buildings)		
Fee Simple Lot Ownership Proposed:	YES	NO
If Yes, Describe: _____		
Private Fire Protection Systems Proposed:		
	YES	NO
List Of Approved Uses Attached:		
	YES	NO
Estimated Domestic Demand: _____		Estimated Fire Flow: _____

Industrial Acreage: _____		
Fee Simple Lot Ownership Proposed:	YES	NO
If Yes, Describe: _____		
CBU Industrial Pretreatment Application Attached		
	YES	NO
If No, Describe: _____		
Private Fire Protection Systems Proposed:		
	YES	NO
List Of Approved Uses Attached:		
	YES	NO
Estimated Domestic Demand: _____		Estimated Fire Flow: _____

**Plan Commission Information**

**CITY OF BLOOMINGTON UTILITIES  
APPLICATION FOR EXTENSION OF CITY UTILITY SERVICE**

Case Number: \_\_\_\_\_ Description: \_\_\_\_\_ Approval: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Description: \_\_\_\_\_ Approval: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Description: \_\_\_\_\_ Approval: \_\_\_\_\_

Date On Approved Plans: \_\_\_\_\_

Conditions Of Plan Commission Approval Relative To Utility Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For CBU Use Only**

**Plan Submittals & Revisions**

Landscape Plan Submitted: \_\_\_\_\_ Date On Landscape Plans: \_\_\_\_\_

Complete Utility Plan Submitted: \_\_\_\_\_ Date On Utility Plans: \_\_\_\_\_

Utility Plan Approvals: Vectren: \_\_\_\_\_ Cinergy: \_\_\_\_\_  
SBC: \_\_\_\_\_ Insight: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

