

CITY OF BLOOMINGTON UTILITIES
UPGRADE APPLICATION REQUEST FOR NEW WATER / SEWER CONNECTION
(FOR COMMERCIAL/BUSINESS, MULTIPLE DWELLING RESIDENTIAL, AND INDUSTRIAL SERVICES)

Is property for which service is being requested located within the City of Bloomington city limits? ___ Yes ___ No

If NO, a copy of the recorded deed must be submitted with this application for the preparation, by the City Legal Dept, of the required Waiver of Protest of Annexation.

(FOR OFFICE USE ONLY: Date copy of deed submitted to Legal _____ Date completed "Waiver" signed _____ Waiver # _____)

Date service is desired: _____

WATER SEWER FIRE LINE LAWN SPRINKLER

PROPERTY INFORMATION: COMMERCIAL INDUSTRIAL MULTI-FAM RESID UNIT COUNT _____

18-digit Parcel# - - - - . -

PROJECT ADDRESS _____

PROJECT NAME _____ LOT# _____

OWNER INFORMATION: Party to be billed connection fees

COMPANY NAME _____ TELEPHONE _____

CONTACT NAME _____ TELEPHONE _____

ADDRESS _____

CONTRACTOR INFORMATION: Party to be billed connection fees RIGHT OF WAY PERMIT #

COMPANY NAME _____ TELEPHONE _____

CONTACT NAME _____ TELEPHONE _____

ADDRESS _____

DOMESTIC DEMAND FLOW: LIST QTY OF EACH FIXTURE BELOW

- | | | |
|---|---|---|
| <input type="checkbox"/> Bathtub/Shower combo | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Shower only |
| <input type="checkbox"/> Bar Sink | <input type="checkbox"/> Hose Bib | <input type="checkbox"/> Service Sink |
| <input type="checkbox"/> Bidet | <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Urinal, Pedestal |
| <input type="checkbox"/> Clothes Washer | <input type="checkbox"/> Ice Machine, Commercial | <input type="checkbox"/> Urinal, Wall |
| <input type="checkbox"/> Cuspidor | <input type="checkbox"/> Kitchen Sink | <input type="checkbox"/> Urinal, Tank |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Kitchen Bay Sink, # of bays (Comm) | <input type="checkbox"/> Wash Sink |
| <input type="checkbox"/> Dishwasher Commercial | <input type="checkbox"/> Lavatory | <input type="checkbox"/> Water Closet, Flushvalve |
| <input type="checkbox"/> Dishwasher, Commercial Spray | <input type="checkbox"/> Laundry Tub | <input type="checkbox"/> Water Closet, Tank |

Continuous Demand:
Constant Water Demand other than from above _____ GPM Explanation of need for this demand _____

Lawn Sprinkler Peak Demand _____ GPM

APPLICANT'S SIGNATURE _____

PRINTED NAME _____ DATE _____

BUSINESS TITLE OF SIGNER _____

Submit in person at 600 E Miller Dr, by email to utilities.cs@bloomington.in.gov,
by mail to CBU, PO Box 1216, Bloomington, IN, 47402-1216,
or by fax to 812-331-5407