



APPLICATION FOR NEW WATER SERVICE CONNECTION/REPAIR

City of Ashland Water Utility

START DATE _____

2020 6th Street East · Ashland, WI 54806 · 715.682.7061

COMPLETION DATE _____

www.coawi.org

Owner Information – Permittee

Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Phone No _____ Cell No _____

Contractor Information

Company _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Email Address _____

Phone No _____ Cell No _____

Property Information

Legal description of the property to be served:

Address _____ Parcel # _____

Property Description (check appropriate box):

Residential Commercial Industrial Public Authority Multi-family Other _____

Water Service Information

Requested Water Service (check all that apply):

Domestic Other Fire Protection Service: No Yes– Private Hydrant Yes– Sprinklers

Requested Service Size _____

Requested Meter Size _____

A site utility plan or drawing must be submitted with this application.

The undersigned Permittee and Plumber hereby make application to the City of Ashland for water service and agree to comply with all applicable rules and regulations of the Public Service Commission of Wisconsin and Ashland Water Utility. Unauthorized connections to the public water supply system may result in disconnection and/or citation according to Chapter 705, Ashland City Ordinances. Work performed in the right-of-way will require and Right-of-Way Application.

Signature of Permittee or Permittee's Representative

Date

Signature of Plumber

Date

Plumber License No.

Office Use Only

Application No.

Office Use Only: ROW Permit No. _____

Signature of Authorized Permitting Authority Representative Date

Amount Paid

Date

Bond on File _____ yes _____ no



APPLICATION FOR NEW WASTE WATER SERVICE CONNECTION/REPAIR

City of Ashland Waste Water Utility

2020 6th Street East · Ashland, WI 54806 · 715.682.7061

www.coawi.org

START DATE _____

COMPLETION DATE _____

Owner Information – Permittee

Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Phone No _____ Cell No _____

Contractor Information

Company _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Email Address _____

Phone No _____ Cell No _____

Property Information

Legal description of the property to be served:

Address _____ Parcel # _____

Property Description (check appropriate box):

- Residential
- Commercial
- Industrial
- Public Authority
- Multi-family
- Other _____

Waste Water Service Information

New Service Repair Existing Service Requested Service Size _____

A site utility plan or drawing must be submitted with this application.

The undersigned Permittee and Plumber hereby make application to the City of Ashland for waste water service and agree to comply with all applicable rules and regulations of the Ashland Waste Water Utility in accordance to Chapter 711, Ashland City Ordinances. Work performed in the right-of-way will require and Right-of-Way Application.

Signature of Permittee or Permittee's Representative

Date

Signature of Plumber

Date

Plumber License No.

Office Use Only

Application No.

ROW Permit No. _____

Signature of Authorized Permitting Authority Representative Date

Amount Paid

Bond on File _____ yes _____ no