

**WATER CONNECTION APPLICATION**

OAKLAND COUNTY WATER RESOURCES COMMISSIONER  
 ONE PUBLIC WORKS DRIVE  
 PHONE: 248/858-0958, FAX: 248/858-2054  
 WRCPPermitting@oakgov.com

Municipality Permit or Tap Approval as applicable must accompany application. Issuance of this permit does not relieve the applicant from obtaining any other required permits. Bills will be mailed to the service address unless otherwise requested. **Water meters must be picked up at time of application.**

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

City/Village/Twp.: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Sidwell #: \_\_\_\_\_

Cross Streets: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Name  
(if different from applicant) \_\_\_\_\_

Plumber's Name \_\_\_\_\_

Plumber's Telephone Number \_\_\_\_\_

**Backflow Prevention Information:** (Please check all that apply) Boiler Lawn Sprinkler Swimming Pool Non-Applicable**Type of Structure:**  New Existing Residential Non-Residential**Fire Line:**  Yes  No**NOTE:** If yes then a 5/8" dia. "detecto" meter must be installed on the fire line.**Corner Lot:**  Yes  No**NOTE:** If your lot is a corner lot, the water tap will be made to the water main that does not require crossing the road.**Existing Well:**  Yes  No**NOTE:** If yes, WRC to provide the MDEQ "Plugging Abandoned Wells" brochure & forward copy of the Water Connection Permit to the Oakland County Health Department**Service Required:** Line Size \_\_\_\_\_ Meter Size \_\_\_\_\_**Check box(s) if applicable:** Line in  Line staked **Service Line Location:** \_\_\_\_\_ Feet from left or right side of House / Bldg. Foundation.**Service Line Material:** HDPE  Copper **COMPUTATION OF CHARGES**

Water Tap and Meter fee / Reconnect Service fee:	
Capital Charge per District _____ x REU _____ = \$ _____	
Direct Connect fee (new builds only):	
Special Connection fee:	
Detecto Meter (fire suppression) / Dual Meter System / Other:	

I have read and understand the Water Service Connection Regulations (Document DC-304) and agree to abide by them. In addition, I have received the MDEQ "Plugging Abandoned Wells" brochure if applicable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

JIM NASH  
 OAKLAND COUNTY WATER RESOURCES COMMISSIONER  
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