

**WATER TAP PERMIT
CITY OF MIDDLETON
7246 HUBBARD AVE.
MIDDLETON, WI 53562
608-827-1070
608-827-1080 fax**

Date _____

Applicant (owner or authorized agent) hereby makes application for water service at the following location

Address _____

Size of connection _____ Size of meter (s) _____

Kind of service: New _____ Replacement _____ Improvement _____

Type of material (owner's side of service valve) _____
(Public side of service to be copper up to 2" and Ductile Iron 4" and above)

Estimated maximum flow in gallons per minute _____

Will service be used for fire protection: Yes _____ No _____

The undersigned owner and plumber, or authorized agents thereof, offer the above information and agree to abide by the official rules and regulations of the Water Utility. It is also understood that a representative of the utility must be present during the live tap connection. Inspections must be scheduled 24 hour in advance.

Applicant (owner or Authorized Agent)

Plumber's License #

Applicant's address

Phone number

Permit issued by