

CITY OF EAST PROVIDENCE WATER UTILITIES DIVISION

60 Commercial Way, East Providence, RI 02914

Phone: 401-435-7741 FAX: 401-435-7745 APPLICATION FOR WATER SERVICE

Application is made for ap	proval of installation	on of a water se	ervice from the city water main	to the property	located at:	
Street Address						
Map/Block/Parcel	Map:		Block:	Parcel:		
Reason for New Service (Check all that apply)	New Construction Irrigation:			Property Rehab.:		
Property Type (Check one)	Single Family Residential: Multi-Family Residential: Commercial: Industrial: Other (please specify): REACH PROPERTY TYPE WITHIN THE WATER SERVICE APPLICATION CHECKLIST					
TEENSE SEE REGOREMENTS TO	K EMENT KOT EKIT TIT	E WITHIN THE WA	TER SERVICE III I EICHTION CHECKER	,,,		
Nature of Business						
Service Type	Domestic:	Fire P	Protection:			
COPPER PIPE TYPE "K" ONLY TO	I O BE USED FOR ALL SEI	RVICES UP TO & IN	ach: 4-inch: 6-inch: VCLUDING 2-INCH. CLASS 52 DUCTILE EINSTALLATION FOR INSPECTION.			
Water S	Service Application	Attachments (1	minimum one of the below must	be checked of	f)	
Attachment Req		Required for			Included?	
Completed Water Service Application Checklist		All Services				
Site sketch with proposed water service		Single family residential & multi-family residential (3 units of less)		ial (3 units or		
Engineered Drawings/Fire System Plans		Commercial, Industrial, Fire Service, & multi-family residentia (4 or more units)		nily residential		
Water Usage Demand Calculations		Commercial, Industrial, Fire Service, & multi-family residentia (4 or more units)		nily residential		
	Backt	low (one of the	e below must be check off)			
Backflow Requirement			Required for		To be performed	
Installation of residential dual check valve per plumbing			Single family residential & m residential (3 units or lo	•	1	
Appropriate testable backflor City's Backflow Program Design Data Sho	•	flow Device	Commercial, Industrial, Fire Service family residential (4 or more			
		Property O	wner Information			
Name: Primary Phone Nu			ımber: E	er: E-mail:		
Mailing Address (optional):					
I hereby agree to take and City of East Providence.	use water, to pay th	e established ra	ates, and I agree to be governed	by the rules an	d regulations of the	
Authorized Signature Print		ed Name	Application Date Last Revision 02			