

Town of Hermosa

PO Box 298 • 230 Main Street • Hermosa, SD 57744

Phone (605) 255-4291 • Fax (605) 255-4094

Email: town@hermosasd.com

MUNICIPAL WATER CONNECTION APPLICATION

DATE _____

PERMIT # _____

Receipt # _____	Cash _____	Check # _____	Amount _____	(\$50.00)
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Property Owner _____

Daytime Phone _____ Evening Phone _____

Mailing Address _____

Email _____

Connection Address _____

Legal Description _____

Contractor _____

***ALL CONTRACTORS MUST OBTAIN A CONTRACTOR'S LICENSE FROM THE TOWN OF HERMOSA**

Size of Tap _____ Commercial _____ Residential _____

Size and type of pipe and other supplies _____

If crossing roadway, will the connection be: Bored _____ Cut _____

Plumbing must be inspected by either the authorized agent of the Town of Hermosa or the South Dakota State Plumbing Inspector before any backfilling can be done. A 48-hour notice must be given for this inspection. A dual backflow preventor, water meter (obtained from Town Office), and ball valve must be installed prior to water supply being activated.

APPLICATION MUST BE APPROVED BY THE HERMOSA PLANNING AND ZONING COMMITTEE AND THE BOARD OF TRUSTEES PRIOR TO TAP BEING MADE.

Water Tap fees will apply.

By signing below, I acknowledge that I have read and understand all requirements for obtaining water service in the Town of Hermosa.

Signature of Applicant

Date

Parcel # _____

OFFICE USE

PLANNING AND ZONING COMMISSION	HERMOSA BOARD OF TRUSTEES
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____
APPLICATION FEE \$50.00 BALANCE DUE: _____	DATE PERMIT ISSUED: _____