



CITY OF JOHNSTOWN
Treasurer' Office
 PO Box 160, 33-41 E. Main Street
 Johnstown, New York 12095
 (518) 736-4017

- OFFICE USE ONLY -	
Date Received:	____/____/____
Signature:	_____

TAP APPLICATION

APPLICANT INFORMATION	
Name / Company	Phone:
Contact Person	Phone:
Street Address	State Zip
Email:	

SERVICE ADDRESS	
Date of Application: ____/____/____	Requested date to start service: ____/____/____
Is property within City limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address:	SBL#:
<u>TYPE OF SERVICE</u>	<u>SIZE OF METER</u>
<input type="checkbox"/> Residential	<input type="checkbox"/> 5/8" or 3/4" <input type="checkbox"/> 3"
<input type="checkbox"/> Commercial	<input type="checkbox"/> 1" <input type="checkbox"/> 4"
<input type="checkbox"/> Industrial	<input type="checkbox"/> 1 1/2" <input type="checkbox"/> 6"
<input type="checkbox"/> Back Flow	<input type="checkbox"/> 2 "
<input type="checkbox"/> Sprinkler System	

BILL SERVICE TO:	
Name / Company	
Address	State Zip

APPLICANT CERTIFICATION:

I understand that:

1. Additional information may be requested at the discretion of the Water Department;
2. I will be required to obtain a building permit from the Code Enforcement Office for new construction;
3. This application must be completed by the property owner;
4. Tap application is valid for 6 months from date of approval;
5. All fees must be paid prior to the commencement of work; and
6. Tap Application **MUST** be completed in **entirety** and returned to the Water Department for approval.

_____ Date: _____