



**TOWN OF KILMARNOCK  
FACILITY/CONNECTION FEES  
APPLICATION FOR UTILITIES PERMIT**

DATE \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I (we) hereby make application to connect to and/or construct utility services in a building(s) to be constructed, under construction, or altered.

Location of Building \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Lot Number \_\_\_\_\_ Development Name \_\_\_\_\_

**1. WATER SERVICE**

- |                                     |                |          |
|-------------------------------------|----------------|----------|
| (1) Residential                     | Facility Fee   | \$ _____ |
|                                     | Connection Fee | \$ _____ |
| (2) Commercial                      | Facility Fee   | \$ _____ |
|                                     | Connection Fee | \$ _____ |
| (3) _____ X Per Unit                | Facility Fee   | \$ _____ |
| (4) IRRIGATION METER CONNECTION FEE |                | \$ _____ |

**2. SEWER SERVICE**

- |                            |                |          |
|----------------------------|----------------|----------|
| (1) Residential            | Facility Fee   | \$ _____ |
|                            | Connection Fee | \$ _____ |
| (2) Commercial \$ _____    | Facility Fee   | \$ _____ |
|                            | Connection Fee | \$ _____ |
| (3) _____ X Per Unit _____ | Facility Fee   | \$ _____ |
|                            | *TOTAL         | \$ _____ |

**\*FACILITY/CONNECTION FEES MUST BE PAID PRIOR TO ZONING PERMIT APPROVAL**

I (we) hereby certify that I (we) have read and understand requirements of The Town Of Kilmarnock ordinances pertaining to this application for utility services as printed on the reverse side of this application and hereby agree to fully conform to all town ordinances pertaining to these utility services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Approved \_\_\_\_\_ Fees Paid Date \_\_\_\_\_ Signature \_\_\_\_\_

Application Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**Inspection is Necessary at Hookup by Field Supervisor**

Inspection Completed-signed \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid	\$ _____
Balance Due	\$ _____