

**TOWN OF THOMPSON**  
**WATER TAP or REPAIR PERMIT APPLICATION**

Section, Block & Lot # \_\_\_\_\_ Permit # \_\_\_\_\_

Water District: \_\_\_\_\_

Property Address: _____ _____
Property Description: _____ (Example: Single-Family Home, Two-Family Home, Restaurant, Etc.)

Property Owners Name: _____
Property Owners Address: _____ _____

Contractors Name: _____
Contractors Phone Number: _____
Contractors Address: _____ _____

<b>In consideration of the granting of this permit , the undersigned agrees:</b>	
To furnish any additional information relating to proposed work that shall be requested by the Superintendent of Sewer and Water or other officials designated by the Town.	
To accept and abide by all provisions of the Water Use Ordinance of the Town of Thompson, New York, and all other pertinent ordinances or regulations that may be adopted in the future.	
To operate and maintain the water facilities covered by this application in a sanitary manner at all times, in compliance with all requirements of the Town, and at no expense to the Town.	
To notify the Town Sewer and Water Superintendent or other officials designated by the Town at least twenty-four (24) hours prior to commencement of the work proposed and again at least twenty-four (24) hours prior to the burying (covering) of any underground portions of the installation.	
Start Date: _____	Estimated Completion Date: _____
Contractors Signature: _____ (Date)	

Inspection Fee: \$ \_\_\_\_\_

Application Approved and Permit Issued: \_\_\_\_\_  
(Signature for the Town of Thompson) (Date)

Work Inspected By: \_\_\_\_\_  
(Signature/Sewer Water Dept. Personnel) (Date)

**Note: Permit expires 6 months from date of issue**