



**Town of Clarkdale**  
 Public Works Department  
 890 Main Street  
 PO Box 308  
 Clarkdale, AZ 86324  
 (928) 639-2520  
 utilities@clarkdale.az.gov

**WATER SERVICE PERMIT APPLICATION**

APPLICATION DATE \_\_\_\_\_ BLDG PERMIT # \_\_\_\_\_

(Attach copy of site plan and Building Permit Routing Form to this form)

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TYPE OF SERVICE Residential / Commercial / Industrial / Other \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

LOT # \_\_\_\_\_ PARCEL # \_\_\_\_\_

STORAGE SIZE (including water heaters) \_\_\_\_\_

NUMBER OF FIXTURE UNITS \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_  
 (see worksheet for unit count)

Fees to be paid in full at time of submittal of application: Meter Size: \_\_\_\_\_

Existing Infrastructure: Y N

7.00 Water Capacity Fee \_\_\_\_\_  
 4.00 / 5.00 Water Connection Fee \_\_\_\_\_  
**Total** \_\_\_\_\_

Date Paid \_\_\_\_\_ Front Desk Initials \_\_\_\_\_

Capacity and Connection Fees are based on Meter Size and whether or not there is existing infrastructure.  
 Please refer to your building permit routing form and the Town Schedule of Fees.



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**SERVICE CONNECTION INFORMATION**

	Size	Length	Type
Pipe from water main to curb valve	_____	_____	_____
Pipe from curb valve to building	_____	_____	_____
Backflow device	_____	_____	_____

**RESIDENTIAL SPRINKLERS**

Number of Heads \_\_\_\_\_ Peak Sprinkler Demand in largest zone \_\_\_\_\_ gpm  
 Residual pressure required at outlet of backflow device to operate system \_\_\_\_\_ psi

Design Firm \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ Date \_\_\_\_\_

**LAWN IRRIGATION SYSTEM**

Number of Heads \_\_\_\_\_ Peak Sprinkler Demand in largest zone \_\_\_\_\_ gpm  
 Residual pressure required at outlet of backflow device to operate system \_\_\_\_\_ psi

Design Firm \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED / NOT APPROVED**

\_\_\_\_\_  
 TOC PW Director or Designated Authorized Signer

Date \_\_\_\_\_