

# POLE ROAD WATER ASSOCIATION

6912 HANNEGAN ROAD #105, LYNDEN WA 98264

PHONE: 360-354-8936 info@poleroadwater.com

## Application for New or Additional Water Service

### INSTRUCTIONS

#### *Please Read Entire Application Carefully Before Completing*

This application will be used to determine if your request for New or Additional Water Service(s) will be approved. It is recommended that you submit your application in person during regular business hours along with the required non-refundable \$100 application fee. Once received the Association staff will review the application to determine if it is complete and meets the minimum qualifications for service. Once the application is complete it will be accepted and be given a priority date.

Incorrectly completed applications may result in additional fees and/or delay processing and approval and will be the responsibility of the applicant. In addition, if the water service or meter is determined to be too small for its intended use as a result of incorrect information on the application the applicant will accept full responsibility for the cost of any changes required to the upgrade the service.

Once an application is approved, all fees for Membership(s), Additional Service Connection(s), Additional Equivalent Residential Units (ERU's) and any additional processing fees are due and payable in full. If payment is not received within 30 days of approval the application and priority date will be suspended until payment is received.

The cost of all materials, labor, and equipment incurred by the Association to tap the water main, install the required water meter, accessories, and back flow prevention is the financial responsibility of the applicant. Any expenses to be incurred by the Association on behalf of the applicant are due in full before the service will be installed and turned on. If the costs cannot be determined prior to installation, a deposit may be required for one and one half times the estimated cost.

Installation of service from the main to the service meter, which shall be located at the property line nearest the adjacent main with adequate capacity, shall be installed only by an Association representative or approved contractor. All connections to the PRWA distribution must be inspected and approved by the association prior to the water service being turned on.

Nothing contained herein shall mean, or be construed to mean, that the Utility has or shall be required to inspect or examine the plans or premises of the Applicant, or in any way be responsible for the condition of the pipes or water system on the Applicant's premises.

I understand that Membership and all water connections are subject to the Bylaws, Rules, Regulations, Policies, and Construction Standards of the Pole Road Water Association including the minimum monthly base rate, as well as the regulations of the local, State, and Federal Drinking Water standards and plumbing regulations. I have read these instructions and I have had adequate opportunity to review and understand the Association's Bylaws and Water User Agreement. I agree to comply with all the terms and conditions of Membership and service in and from the Pole Road Water Association as they are now in force or may from time to time be amended.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application Date: \_\_\_\_\_ Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_

PRWA APPLICATION FOR NEW/ADDITIONAL WATER SERVICE

**Applicant Information:**

Applicant Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Property Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal Description (attach full legal description, section map, parcel map, deed history):

**Property Owner Information:**

Name First: \_\_\_\_\_ Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address (If different from service address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (If different from above address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**General Information**

Is property currently serviced by PRWA? Yes \_\_\_ No \_\_\_ If yes list current account # \_\_\_\_\_

Has the property ever been serviced by another source: (well, system, etc) No \_\_\_ Yes \_\_\_

If yes please provide details: \_\_\_\_\_

*(If the property has been or will continue to be serviced by a well or other source of water, the PRWA and the State Department of Health will require the alternate source to be inspected and physically disconnected from the onsite distribution system to be serviced by the PRWA. In some cases the PRWA may require that adequate cross connection control measures be implemented at the customers expense before service can be activated on.)*

Estimated date new/additional service will be activated: \_\_\_\_\_

Type of Service Requested: (List Memberships / Additional ERU's)

Single Family Residence: \_\_\_ / \_\_\_ Guest House/Mother-in-law suite: \_\_\_ / \_\_\_

Duplex/2 Unit Condo: \_\_\_ / \_\_\_ Multi-Family Unit Apt./Condo: \_\_\_ / \_\_\_

Commercial: \_\_\_ / \_\_\_ Nature of Service: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Property/Lot Size \_\_\_\_\_ (sq ft / acres) Zoning: \_\_\_\_\_

Proposed Building Square Feet: \_\_\_\_\_ Number of Stories/Floors: \_\_\_\_\_

Estimated distance from property frontage to furthest expected use: \_\_\_\_\_ ft

Lawn Irrigation System: Yes \_\_\_ No \_\_\_ If yes: Existing Sq. Ft. \_\_\_\_\_ Future Sq. Ft. \_\_\_\_\_

Total estimated gallons of water needed daily: \_\_\_\_\_ GPD (1 Average ERU = 225 gal/day)

Size of service requested (1" Standard, 2") \_\_\_\_\_

Size of meter requested (5/8" Standard, 3/4", 1", 1 1/2", 2") \_\_\_\_\_

**For Office Use Only:**

**Application Fees Due**

Application Fee (\$100):	_____	Date Paid:	_____	Received By:	_____
Additional Processing Fee:	_____	Date Paid:	_____	Received By:	_____
Other Processing Fees:	_____	Date Paid:	_____	Received By:	_____
Additional Deposit Required:	_____	Date Paid:	_____	Received By:	_____

**Approval Fees Due**

Memberships Approved:	_____	Membership Fee Due:	\$	_____	
Additional ERU's Approved:	_____	ERU Fee Due:	\$	_____	
Additional Connections Approved:	_____	Connection Fee Due:	\$	_____	
Other Fees:	_____	Amount Due:	\$	_____	
Other Fees:	_____	Amount Due:	\$	_____	
			Total Amount Due:	\$	_____

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<input type="checkbox"/> Total Payment Received:	Date: _____	Received By: _____
<input type="checkbox"/> Water User Agreement Signed:	Date: _____	Received By: _____
<input type="checkbox"/> Notice of Membership Recorded:	Date: _____	Recorded By: _____
<input type="checkbox"/> Certificate Number Assigned: # _____	Date: _____	Assigned By: _____
<input type="checkbox"/> Account Number Assigned: # _____	Date: _____	Assigned By: _____
<input type="checkbox"/> Customer Account File Created:	Date: _____	Created By: _____
<input type="checkbox"/> Utility Billing System Updated:	Date: _____	Created By: _____
<input type="checkbox"/> Other: _____	Date: _____	Created By: _____
<input type="checkbox"/> Other: _____	Date: _____	Created By: _____

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Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PRWA APPLICATION FOR NEW/ADDITIONAL WATER SERVICE

**Authorization for Owners Representative or Party with Substantial Possessory Interest to Submit Application for New or Additional Water Service(s).**

An application must be signed by the legal property owner(s) of record. Ownership will be verified through the Whatcom County Assessors Office Database or other verifiable source such as a current deed history. In the event that the owner(s) wishes to authorize another party to make application for water service on their behalf or acknowledge the authority of a party with a substantial possessory interest in the property, the following declaration must be signed, notarized and returned by the owner(s) along with the application.

Definition of Substantial Possessory Interest is: *"where the person or persons have a legal right to control and occupancy of a property but do not have the legal or the equitable ownership of the property. It may be under a lease or similar right to possession."*

I, \_\_\_\_\_ (property owner), am the primary and responsible owner of the property identified by parcel number \_\_\_\_\_, and by my signature I hereby: (select one)

\_\_\_\_\_ (initial) authorize the applicant, \_\_\_\_\_ to act on my behalf to process the application for Membership and/or additional water service from the Pole Road Water Association.

\_\_\_\_\_ (initial) acknowledge the possessory interest of: \_\_\_\_\_, and have no objections to this party applying for Membership and/or additional water service from the Pole Road.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

STATE OF WASHINGTON }

COUNTY OF WHATCOM }

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the individual(s) described in and who executed the within and foregoing Instrument and acknowledged to me that they signed the same as their free and voluntary set and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal the day and year first above written.

\_\_\_\_\_  
Notary Public in and for the State Of Washington,

Residing at \_\_\_\_\_.

My Commission Expires \_\_\_\_\_.