Department of Public Works
BOTETOURT COUNTY, VIRGINIA
1 West Main Street -- Box 4
Fincastle, Virginia 24090

CONNECTION APPLICATION & SERVICE CONTRACT

Type of Service: ☐ Sewer Only ☐ Water Only ☐ Sewer & Water

Do you have any other accounts with Botetourt County? ☐ No ☐ Yes; Acct # _____

Name of Owner: _____ SS#_____

Billing Address of Owner: _____

Place of Employment: _____

Spouse's Name: _____ SS#_____

Spouse's Place of Employment: _____

Effective Date: _____

Telephone Number of Owner: _____(home) _____(work)

Rental Property? ☐ No ☐ Yes; If Yes, Name/Address of Tenant: _____

_____

Directions to Service Location: (subdivision, lot, block, section) _____

_____

Easement Required? ☐ No ☐ Yes Date Recorded: _____

Copy of Easement Received? ☐ No ☐ Yes Received by: _____

Size of Sewer Lateral Connection: _____ Size of Waterline: _____

Approximate Length of Sewer Lateral: _____(LF) Plumber: _____

Location of Water Meter (include diagram)_____

_____Type of Meter: _____

Type of Building(s) to be connected: ☐ Single Family ☐ Multifamily (Total # _____) ☐ Commercial
☐ Industrial (Industrial Pretreatment Program [IPP] Application Submitted ☐ Yes ☐ No)
☐ Other, Specify: _____

Estimate of monthly water usage in gallons per month of all buildings on site: _____

Source of Estimate: _____ #Users: _____ #Fixtures: _____

Amount of Sewer Connection Fee: _____ Water Connection Fee: _____

Is the Owner applying for reduced or waived connection fees? ☐ No ☐ Yes

Receipt #: _____ Date Paid: _____ Federal Tax ID#: _____

The Owner certifies that the information provided is true and correct to the best of their knowledge and that they will abide by the Service Regulations of Chapter 24 of the Botetourt County Code. If service connection(s) are for rental property, the Owner certifies that they are responsible for any unpaid utility bills on the part of the tenant. The Owner understands that sewer service only is billed upon availability. The Owner agrees to notify this department in writing not less than ten (10) days prior to the end of the month of any changes in account(s).

Signature: _____

OFFICE USE ONLY

EASEMENT APPROVED: _____ RECORDATION CERTIFIED: _____

POINT OF SEWER CONNECTION APPROVED: _____ METHOD APPROVED: _____

POINT OF WATER CONNECTION APPROVED: _____ METHOD APPROVED: _____

APPROVED DEPARTMENT OF PUBLIC WORKS: _____ DATE: _____