



CITY OF DEARBORN WATER & SEWERAGE DIVISION SERVICE TAP REQUEST REVIEW FORM

FOR ANY QUESTIONS REGARDING THIS FORM – CONTACT (313) 943-2307 OR EMAIL THE DEARBORN WATER DEPARTMENT AT dearbornwater@ci.dearborn.mi.us.

DATE OF SUBMITTAL _____ NAME OF APPLICANT _____

ADDRESS OF NEW TAP _____ LOT NO. _____

BETWEEN STREETS _____ AND _____

THE SIZE OF THE SERVICE AND WATER METER WILL DIRECTLY AFFECT THE CUSTOMER’S QUARTERLY WATER BILL.

SIZE OF SERVICE _____ SIZE OF METER _____

PLEASE CHECK ALL BOXES THAT APPLY TO THIS TAP:

- DOMESTIC SERVICE FIRE SUPPRESSION SERVICE RESIDENTIAL COMMERCIAL
- NEW CONSTRUCTION REPLACES EXISTING SERVICE IN ADDITION TO EXISTING SERVICE(S)
- COUNTY OR STATE ROAD – CONTRACTOR RESPONSIBLE FOR INSTALLATION – SEE CITY ENGINEER

- **FOR QUESTIONS REGARDING FIRE SUPPRESSION SYSTEMS, PLEASE CALL THE FIRE MARSHAL @ 313-943-2838.**
- **IF YOU HAVE ANY QUESTIONS REGARDING BACKFLOW PREVENTION OR NEED ASSISTANCE DETERMINING WHICH DEVICE IS TO BE INSTALLED, PLEASE CALL (313) 943-4468.**
- **IF THE TAP APPLIED FOR IS A FIRE SUPPRESSION SYSTEM, YOU MUST SUPPLY US WITH THE NAME AND TELEPHONE NUMBER OF THE FIRE PROTECTION COMPANY WHO WILL BE INSTALLING THE FIRE SUPPRESSION SYSTEM.**
- **THE CONTRACTOR MUST SUPPLY THE WATER DEPARTMENT WITH A COPY OF THE FIRE SUPPRESSION SYSTEM PLANS. THESE PLANS MUST SHOW THE FIRE LINE LOCATION AND THE RISER IN PROFILE INCLUDING THE RESTRAINED JOINTS AND THRUST BLOCKS.**

UTILITY CONTRACTOR _____

NUMBER & STREET _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR PHONE NO. _____ EMAIL _____

FIRE PROTECTION CO. _____

PHONE NO. _____ EMAIL _____

PLUMBER’S NAME _____ LICENSE NUMBER _____

(OVER)

ATTENTION!!

- **THE PLUMBER WILL BE HELD DIRECTLY RESPONSIBLE FOR REPLACING ANY BROKEN SIDEWALKS DUE TO THE TAP INSTALLATION. ALL SIDEWALKS MUST BE REPLACED BEFORE A CERTIFICATE OF OCCUPANCY WILL BE ISSUED AND THE PLUMBER IS RESPONSIBLE TO MAINTAIN SAFE PEDESTRIAN ACCESSIBILITY DURING THE ENTIRE CONSTRUCTION PROJECT.**
- **WHEN FULL PAYMENT IS MADE, THE TAP WILL BE PUT ON THE SCHEDULE TO BE COMPLETED. THE SCHEDULING IS GENERALLY ON A FIRST-COME, FIRST-SERVE BASIS, AS CREWS ARE AVAILABLE FROM EMERGENCY AND OTHER PRIORITY TASKS.**
- **MOST TAPS CAN BE COMPLETED WITHIN 4 TO 6 WEEKS FROM THE DATE OF FULL PAYMENT. DUE TO OTHER MAINTENANCE COMMITMENTS, WE CANNOT OFFER SPECIFIC DATES FOR COMPLETION OF THE TAP.**
- **ALL TAPS TO BE PERFORMED ON COUNTY OR STATE ROADS ARE TO BE PERFORMED BY THE CONTRACTOR. THE CONTRACTOR WILL BE RESPONSIBLE FOR THE LABOR, MATERIAL COSTS, TRAFFIC CONTROL AND RESTORATION. THE CONTRACTOR WILL BE REQUIRED TO ACQUIRE THEIR OWN COUNTY OR STATE PERMITS AND PAY BONDS AND INSPECTION CHARGES. THE CONTRACTOR WILL APPLY AND SCHEDULE THIS WORK THROUGH CITY OF DEARBORN ENGINEERING AND PAY THEIR ASSOCIATED FEES.**
- **THE WATER DIVISION WILL NOT BE RESPONSIBLE FOR SCHEDULING DELAYS IF THE PROPERTY IS INACCESSIBLE DUE TO CONTRACTOR MATERIALS, DEBRIS OR EQUIPMENT, OR IF THE SERVICE LINE (UP TO 2" ONLY) HAS NOT BEEN BROUGHT TO THE PROPERTY LINE, STAKED AND EXPOSED.**
- **IF THE TAP IS FOR A FIRELINE, THE FINAL CONNECTION CANNOT BE MADE UNTIL ALL TESTING HAS BEEN COMPLETED HAS SUCCESSFULLY PASSED. COPIES OF THE APPROVED HYDROSTATIC TEST AND BACTERIOLOGICAL TEST MUST BE SUBMITTED TO BOTH THE WATER DEPARTMENT AND FIRE DEPARTMENT PRIOR TO THE FINAL CONNECTION.**
- **THE CITY OF DEARBORN WATER DEPARTMENT WILL RESTORE THE DAMAGED LAWN AREA THAT HAS BEEN DISTURBED DUE TO THE WATER TAP WITH TOPSOIL AND SEED ONLY.**
- **ALL SCHEDULING QUESTIONS SHOULD BE DIRECTED TO THE WATER DEPARTMENT AT 313-943-2307.**

SEASONAL ALERT!!

- **TAP APPLICATIONS SUBMITTED FROM NOVEMBER 1ST THROUGH FEBRUARY 15TH MAY BE SUBJECT TO PROLONGED SCHEDULING DELAYS DUE TO A PRIORITY ON HYDRANT AND WATER MAIN BREAK REPAIRS AND / OR FROST CONDITIONS.**

APPLICANT SIGNATURE _____

PHONE NO. _____ FAX NO. _____

EMAIL _____