

Application for Temporary Water Use

Executive Director
Jason Molino
Deputy Director
Lauren Monaghan

Work Site / Street Address:		Date of	Date of application:		
Project Information / Reason for Temporary Water Use / Description of Work Being Done:					
	Applica	nt Information			
Full Name:		Phone:			
Address:		Email:			
Start Date:	End Date:	Number of Days:			
Applicant understands	s and agrees to the following	ng:			
 tubing, or pipe to a pu Only the designated h Only LCWSA supplied The applicant must resinspection. Applicants will pay a 	blic fire hydrant for any purydrants identified in the pered water meters and backfloport any damaged or malfurquarterly water bill for the	nd/or operate any public fire hydrapose. rmit shall be used for the tempora ow prevention devices are allowed anctioning equipment immediately water usage identified on the met in a 10% penalty being applied to	ry water s I for any c to LCWS	service. connection. SA for	
Applicant Signature			Date		
or Office Use Only *********	*********	**************************************			
Application Fee:		Payment II	110rmatio)II;	
Inspection (Install/U	ninstall) Fee:	Paid via Check #	+		
2" Meter & Backflo	ow Deposit*:		*Deposit to be returned once equipment is returned,		

Livingston County Water & Sewer Authority PO Box 396, 1997 D'Angelo Drive, Lakeville, NY 14480

condition.

Total Permit Charges:

inspected, and determined to be in good working