



**PLUMBING – RESIDENTIAL CONNECT
TO CITY WATER/ADD A METER**
510-B Pioneer St/PO Box 608
Ridgefield, WA 98642
Tel: (360)887-3557
Fax: (360)887-0861
www.ridgefieldwa.us

OFFICE USE ONLY

PERMIT NUMBER

A. CONTACT INFORMATION

PROPERTY OWNER:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

APPLICANT:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

CONTRACTOR:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Contractor's License #: _____ Exp. Date: _____

City of Ridgefield Business License #: _____ Exp. Date: _____

Signature: _____

B. APPLICATION REQUIREMENTS

Meters over 2" will be the responsibility of the applicant to purchase and install. Public Works will be scheduled to be onsite during the installation.

Site Address: _____ Subdivision & Lot: _____

Parcel #: _____ Public Water/meter size _____

☐ **SITE PLAN:** A site plan showing the property and the location of the meter to be installed.

C. APPLICATION FEES:

Fees must be paid at the time of application. Please make checks payable to City of Ridgefield.

☐ Plumbing Permit \$65

☐ Water Connection fixture \$10

☐ Meter Installation See Master Fee Schedule

☐ Water Service Development Charges See Master Fee Schedule

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge. I have owner(s) permission to submit this application. I agree to hold harmless the City of Ridgefield as to any claim (including costs, expenses and attorney's fees incurred in the investigation of such claim) which may be made by any person, including myself, and filed against the City of Ridgefield, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application.

Applicant's Signature

Date

Applicant's Name