



**TOWN OF BRIDGEVILLE  
WATER AND WASTEWATER CONNECTION PERMIT**

Submit completed and signed application and the required application fee to: Town of Bridgeville, 101 Main Street, Bridgeville, Delaware 19933, Telephone 302-337-7135. Only Plumbers who are licensed and bonded per Bridgeville Code Article II, 228-10, shall be permitted to make water and wastewater connections to the Town of Bridgeville. Plumbers who desire to make connections shall have on file with the Town of Bridgeville a \$5,000 bond and proof of current insurance meeting Bridgeville Code requirements.

**SECTION A - LICENSED PLUMBER**

1. NAME: \_\_\_\_\_  
2. DOING BUSINESS AS: \_\_\_\_\_  
3. MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
4. TELEPHONE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
FAX \_\_\_\_\_

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**SECTION B - PROPERTY OWNER**

1. NAME: \_\_\_\_\_  
2. MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
3. TELEPHONE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
FAX \_\_\_\_\_

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**SECTION C - ADDRESS WHERE CONNECTION IS BEING MADE**

1. STREET ADDRESS: \_\_\_\_\_  
2. TAX MAP: \_\_\_\_\_ PARCEL NO. \_\_\_\_\_

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**SECTION D - APPLICATION FEE**

- |               |                                 |       |
|---------------|---------------------------------|-------|
| 1. CHECK ONE: | WATER CONNECTION ONLY           | \$ 50 |
|               | WASTEWATER CONNECTION ONLY      | \$ 50 |
|               | WATER AND WASTEWATER CONNECTION | \$100 |

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**SECTION E - SIGNATURES**

*I HEREBY ATTEST THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH APPLICABLE PLUMBING CODE AND TOWN OF BRIDGEVILLE REQUIREMENTS. NOTIFICATION AND REQUEST FOR INSPECTION WILL BE MADE TO THE TOWN AT 302-337-7135 AT LEAST 24 HOURS PRIOR TO MAKING CONNECTION AND CONNECTION WILL NOT BE BACKFILLED UNTIL INSPECTED AND APPROVED BY THE TOWN.*

1. PLUMBER: \_\_\_\_\_ DATE \_\_\_\_\_  
2. PROPERTY OWNER: \_\_\_\_\_ DATE \_\_\_\_\_

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**SECTION F - DESIGNATED SIGNATORY APPROVAL**

1. NAME: \_\_\_\_\_  
2. TITLE: \_\_\_\_\_  
3. SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

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**SECTION G - DESIGNATED SIGNATORY SIGN-OFF**

1. NAME: \_\_\_\_\_ DATE \_\_\_\_\_