



Mail or deliver this application along with a check or money order to:

CHARLOTTE WATER
 Customer Services
 5100 Brookshire Boulevard
 Charlotte, NC 28216
www.charlottewater.org (Service Connections)

Commercial Water and Sewer Application

Service Information

First name	Last Name	MI	Company	
Street Address			Apartment/Unit #	
City	State	Zip	Tax Parcel Number	Phone (On-site Contact)

Billing Information

First name	Last Name	MI	Company	
Street Address			Apartment/Unit #	
City	State	Zip	Tax Parcel Number	Phone (Billing Contact)

Connection Size(s)

		Water				Sewer		
		Check the appropriate connection type				Check the appropriate connection type		
Size	Type				Size			
<input type="checkbox"/> ¼ inch	<input type="checkbox"/> Domestic		<input type="checkbox"/> Irrigation		<input type="checkbox"/> Relocate	<input type="checkbox"/> 4 inches	<input type="checkbox"/> Relocate	
<input type="checkbox"/> 1 inch	<input type="checkbox"/> Domestic		<input type="checkbox"/> Irrigation		<input type="checkbox"/> Relocate	<input type="checkbox"/> 6 inches		
<input type="checkbox"/> 1.5 inch	<input type="checkbox"/> Domestic		<input type="checkbox"/> Irrigation		<input type="checkbox"/> Relocate	<input type="checkbox"/> 8 inches		
<input type="checkbox"/> 2 inches	<input type="checkbox"/> Domestic		<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire	<input type="checkbox"/> Relocate	<input type="checkbox"/> Other		
<input type="checkbox"/> 3 inches	<input type="checkbox"/> Compound		<input type="checkbox"/> Irrigation		<input type="checkbox"/> Relocate	<input type="checkbox"/> Private		
<input type="checkbox"/> 4 inches	<input type="checkbox"/> Compound	<input type="checkbox"/> FMCT	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire	<input type="checkbox"/> Relocate	Public Fire Hydrant		
<input type="checkbox"/> 6 inches	<input type="checkbox"/> Compound	<input type="checkbox"/> FMCT		<input type="checkbox"/> Fire	<input type="checkbox"/> Relocate	<input type="checkbox"/> New	<input type="checkbox"/> Relocate	
<input type="checkbox"/> 8 inches	<input type="checkbox"/> Compound	<input type="checkbox"/> FMCT		<input type="checkbox"/> Fire	<input type="checkbox"/> Relocate			
<input type="checkbox"/> 10 inches		<input type="checkbox"/> FMCT		<input type="checkbox"/> Fire	<input type="checkbox"/> Relocate			
<input type="checkbox"/> 12 inches		<input type="checkbox"/> FMCT		<input type="checkbox"/> Fire	<input type="checkbox"/> Relocate			

Office Use Only

NCDOT Road: Y/N _____	NCDOT Encroachment Required? _____	Water Main Size: _____	Sewer Main Size: _____
Map # _____	Side Cross Street _____	Customer # _____	Premise # _____
Water: Short Side/ _____	Long Side/ _____	Side Street/ _____	Ext Req. _____
Water Inv. # _____		Water S/O # _____	Sewer Inv. # _____
Sewer: Short Side/ _____	Long Side/ _____	Side Street/ _____	Ext Req. _____
Sewer S/O # _____		Sewer S/O # _____	Sewer S/O # _____
Project # _____		Notes: _____	
Multi-Family: _____	Units: _____		
Cycle: _____	Route: _____	Sequence: _____	