NORTH SAGAMORE WATER DISTRICT
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SAGAMORE BEACH, MA 02562

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NORTH SAGAMORE WATER DISTRICT
APPLICATION FOR WATER SERVICE: AUXILIARY DWELLING UNIT

Date: _____

RE: Location: _____

Owned by: _____

Home Address: _____

Email: _____ Telephone: _____

To the Board of Water Commissioners:

I hereby make an application for supply of water and installation of service connection for an Auxiliary Dwelling Unit (ADU) at the above-referenced property.

I agree to pay for the same according to the regulations now in force or to be established by the Board of Water Commissioners, which I have read and understand.

ADU Project Details:

Type of ADU: [ ] Internal [ ] Attached [ ] Detached

Number of ADU Bedrooms: _____

Title 5 Flow (Total): _____ Gallons per Day

Service Method: [ ] Utilization of Existing Service [ ] Request for New/Separate Service

Applicant Name (Print): _____

Signature of Applicant: _____

NORTH SAGAMORE WATER DISTRICT RATES AND REGULATIONS

Connection Fees:

Attached Accessory Dwelling Unit: $1500.00 development fee per bedroom (max 2 bedroom)

_____ x $1,500.00 = $_____

Detached Accessory Dwelling Unit: Detached units require a new and independent water service line from the water main to the unit. Fees will be $3,700.00 for a typical 1" residential service and 5/8" meter.

Re-connection Fee: $1,500.00

> Applies to the re-establishment of service after a demolition, remodel, or conversion of existing space.

Note: All fees are payable at the time of application.

New Service Installation:

For water services not previously installed by a developer, the Applicant must hire a District-approved contractor to excavate, tap the water main, and install the water service line from the street to the building. The contractor shall be approved by the District, supply the District with an insurance certification, and submit a performance bond in the amount of $5,000.00 prior to excavation.

The Applicant is responsible for the entire cost of installation, including any expense from the disturbance of asphalt or concrete areas, abutters' properties, permits, special equipment, and traffic details as needed. All installations will require materials that are approved for use by the North Sagamore Water District. All construction will be completed under the supervision of the District's representatives or its agents.

Once the water service is installed and inspected, and all disturbed areas have been returned to their previous state, District personnel will turn on the water service and supply and install a cellar valve and water meter. All work completed by the contractor shall be guaranteed for a period of one (1) year from the date the water service is turned on.

CONTRACTOR APPROVAL (If New Service is Required)

Location of Excavation: _____

Name of Contractor: _____

Address/Telephone: _____

I agree to install the above-mentioned water service according to District regulations.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

[ ] Water Service Installed Previously

[ ] New Service to be Installed by Applicant

[ ] Approved - See Board of Health Availability of Water Letter

[ ] Received Bond | [ ] Received Insurance Certification

Account #: _____ Date of Service Installation: _____

Meter Size: _____ Date Service is Turned on

Approved by: _____ Date: _____

Additional Comments: