



20 N 6th Street
 Lafayette, IN 47901
 (765) 807-1050
permits@lafayette.in.gov

Office of the City Engineer

Water Permit Application

Project Location	Lot	Subdivision
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Deeded Owner	Name/Entity	
	Address	
	City/State/Zip	
	Phone	
	Email	

Customer/Billing Name	Name	
	Role	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____
	Address	
	City/State/Zip	
	Phone	
	Email	

Contractor	Name	
	Address	
	City/State/Zip	
	Phone	
	Email	

The undersigned owner of lot _____ in _____ (subdivision) being _____ (address number) on the _____ (N/S/E/W) side of _____ (street) between _____ (intersecting street 1) and _____ (intersecting street 2) occupied as a _____ (Single Family Residence, Commercial, etc.) for and on behalf of such owner of tenant of said premises, hereby makes application for a permit to tap and make a connection with a

Type of Tap and Size (check all that apply)	<input type="checkbox"/> Domestic _____ <input type="checkbox"/> Irrigation _____ <input type="checkbox"/> Fire _____ <input type="checkbox"/> Main Line _____
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Lying in _____ (Street).

I certify that I am the owner, or legal agent of the owner, of the real estate subject to this application or I have been authorized by the owner, or legal agent of the owner, to submit this application (separate Letter of Consent required).

Deeded Owner/Authorized Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No (I will submit separate letter of consent)
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Applicant Name	Signature	Date
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