



CITY OF CLEVELAND
DIVISION OF WATER
DOMESTIC SERVICE CONNECTION APPLICATION FORM

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Applicant: _____

Applicant's Address: _____ City: _____ Zip: _____

Applicant's Phone: (_____) _____ Applicant's Fax: (_____) _____

Owner: _____

Owner's Address: _____ City: _____ Zip: _____

Owner's Phone: (_____) _____ Owner's Fax: (_____) _____

Service Address: _____ City: _____

Type of Business: _____

Number of Units: _____ Number of Stories: _____

Pipe size (in inches) of existing CWD domestic connection(s): _____

Pipe size (in inches) of existing CWD domestic connections to be plugged: _____

Non-CWD domestic water sources: _____ To be cross-connected? Yes / No

Does this premise have sewer service? Yes / No

If Yes, who is the Sewer Service Provider? _____

Estimated Percentage of Water Usage For Building

Processing _____% Product _____% Cooling _____%

Culinary _____% Drinking _____% Sanitary _____%

Other (Explain) _____

<p>Peak Instantaneous Demand _____ gpm</p> <p>Residual Pressure requirement @ outlet of Backflow Device _____ psi</p> <p>(This table must be completed to process the application)</p>

First Floor Elevation _____(feet) Street Elevation at approximate location of tap _____(feet)

BOILERS

(please circle the appropriate answer)

Steam Boilers? Yes / No

Steam Boilers with chemical treatment? Yes / No

Hot Water Boilers? Yes / No

Hot Water Boilers with chemical treatment? Yes / No

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PUMPS

Hot Water

Cold Water

Number of Pumps: _____

Number of Pumps: _____

Total Rated Flow Capacity: _____ gpm

Total Rated Flow Capacity: _____ gpm

Rated TDH: _____ feet of water

Rated TDH: _____ feet of water

Low Pressure Cutoff: _____ psi

Low Pressure Cutoff: _____ psi

Suction Source: Reservoir? Yes / No

Suction Source: Reservoir? Yes / No

Other: _____

CWD Inlet? Yes / No Other: _____

Capacity

Type

Source

Gravity Tanks: _____ gallons

Pressure Tanks: _____ gallons

Reservoirs: _____ gallons

SERVICE CONNECTION INFORMATION

	<u>Size (inches)</u>	<u>Length (feet)</u>	<u>Type</u>
Pipe from water main to curb valve:	_____	_____	_____
Meter:	_____	<u>N/A</u>	<u>Purchased from CWD</u>
Pipe from curb valve to building:	_____	_____	_____
Backflow Device:	_____	<u>N/A</u>	_____

LIMITED AREA SPRINKLERS OFF DOMESTIC ONLY

Number of Heads: _____ Peak Sprinkler Demand in largest zone: _____ gpm

Residual pressure required at outlet of backflow device to operate system: _____ psi

LAWN IRRIGATION SYSTEM

To be operated during business hours? Yes / No

Number of Heads: _____ Peak Sprinkler Demand in largest zone: _____ gpm

Residual pressure required at outlet of backflow device to operate system: _____ psi

Applicant's Signature: _____ Date: _____

Design Firm (please print): _____ Phone: (_____) _____

Designer: _____ Date: _____

For questions concerning this form contact Guy Singer @ (216) 664-2444 ext. 5555 or Tina Gosha @ (216) 664-2444 ext. 5526