

KANAWHA PUBLIC SERVICE DISTRICT

14991 MacCorkle Ave
PO Box 8
Cabin Creek, WV 25035
304-595-2203

APPLICATION FOR NEW SEWER TAP

Applicant _____

Mailing Address _____

Service Address _____

Phone _____ Cell _____

Email _____

Number of Taps _____ Number of Dwellings Served _____

I, _____, formally request the above number of taps for sanitary sewage collection at the stated location. I agree to the adherence to all requirements and regulations of Kanawha Public Service District, WV Department of Health, and the Planning and Zoning Commission.

Signature _____ Date _____

Approved By _____ Date _____