



FIRE SERVICE APPLICATION

Harwich Water & Wastewater Department

196 Chatham Road, Harwich MA 02645

P: 508-432-0304 | customerservice@harwichwater.com

SERVICE# _____

Location: _____ EST Start Date: _____

Map/Parcel/Lot: _____ Contractor Name: _____

Owner Name: _____ Field Contact Name: _____

Billing Address: _____ Field Contact Phone: _____

City, State, Zip: _____ Inspector Name: _____

Phone: _____ Inspector Phone: _____

Email: _____

SITE VISIT IS REQUIRED AT START OF PROJECT. PLEASE CONTACT OUR OFFICE 1-WEEK PRIOR TO SCHEDULED START DATE.

FEES
APPLICATION FEE + SYSTEM DEVELOPMENT FEE

APPLICATION DOCUMENTS REQUIRED	
<input type="checkbox"/> Application PG 1	<input type="checkbox"/> Trench Permit PG 2 REQUIRED MASS.GOV/ORGS/TRENCHES
<input type="checkbox"/> Engineered Site Plan DRAWN TO IDENTIFIED SCALE	<input type="checkbox"/> Backflow Device Design Data Sheet PG 3
<input type="checkbox"/> Road Cut Permit SIGNED BY DPW	<input type="checkbox"/> Approved Installer & Inspector REQUIRED
APPROVED INSTALLERS LIST APPROVED INSPECTORS LIST	

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MUNICIPAL WATER SYSTEM CONNECTION

1. Town water must be available on the road where lot is located.
2. Lot must have sufficient frontage on road in order to install water service.
3. Application fee(s) will be billed and must be paid prior to service activation request.
4. By legislation of the Commonwealth of Massachusetts, no physical connection shall be made between the Town water system and any other source(s) of water supply.
5. Installation must comply with [HARWICH WATER DEPARTMENT RULES & REGULATIONS](#).

SERVICE ACTIVATION DOCUMENTS REQUIRED		
A packet of the following documents must be received prior to activation and balance must be paid in full.		
<input type="checkbox"/> Lab Results (2) CONSECUTIVE ZERO BACTERIA & COLIFORM	<input type="checkbox"/> Ties	OFFICE USE ONLY: <input type="checkbox"/> Paid Balance VERIFY
<input type="checkbox"/> Pressure Test Result	<input type="checkbox"/> Paid Balance	

AGREEMENT: I hereby apply for a fire sprinkler service at the above noted location. As soon as service is connected to the distribution system, I agree that I will pay for same and abide by all the rules and regulations now enforced or to be established by the Board of Water/Wastewater Commissioners.

Contractor Signature: _____ Date: _____

Department Approval: _____ Date: _____



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TRENCH PERMIT

Applicant: _____ Location: _____
IF DIFFERENT
 Excavator: _____ Map/Parcel/Lot: _____
 Address: _____ Property Owner: _____
 City, State, Zip: _____ Owner Phone: _____
 Phone: _____ Start to Finish Date(s): _____
 Email: _____ Dig Safe Number: _____

Description, location and purpose of proposed trench. Describe exact location of the proposed trench and its purpose. Include a description of what is, or is intended, to be laid in proposed trench (e.g.; pipes/cable lines, etc.)

INSURANCE INFORMATION

Insurer: _____ Phone: _____
 Address: _____ Email: _____
 Certificate Number: _____ Policy Expiration Date: _____
 Competent Person (AS DEFINED BY 520 CMR 7.02): _____ MA Hoisting License #: _____
 Name: _____ Expiration Date: _____

BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. C. 82A, 520 CMR 14.00 ET SEQ., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BYLAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERNING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING, BUT NOT LIMITED TO, ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT, OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

Applicant Signature: _____ Date: _____
IF DIFFERENT
 Excavator Signature: _____ Date: _____
IF DIFFERENT
 Owner's Signature: _____ Date: _____

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CROSS CONNECTION CONTROL PLAN APPROVAL BACKFLOW DEVICE DESIGN DATA SHEET

SERVICE# _____

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APPLICATION MUST INCLUDE A DRAWING OF THE DEVICE INSTALLATION AND LOCATION, INCLUDING MEASUREMENTS FROM WALLS AND FLOORS. ONE DEVICE PER APPLICATION. ALL DEVICES MUST BE INSTALLED IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DRINKING WATER REGULATIONS 310 CMR 22.22.

Location: _____ Location of Device: _____

Owner Name: _____ Installer Name: _____

Contact Person: _____ Contact Person: _____

Owner Phone: _____ Installer Phone: _____

Owner Email: _____ Installer Email: _____

DEVICE DATA							
Is this facility <input type="checkbox"/> New <input type="checkbox"/> Existing				Bypass Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this device <input type="checkbox"/> New <input type="checkbox"/> Replacement				Antifreeze? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this for a Fire Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No				Water Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Device Type: <input type="checkbox"/> Reduced Pressure (RP) <input type="checkbox"/> Double Check (DC) <input type="checkbox"/> Pressure Vacuum Breaker (PVB)							
Maker		Model#		Serial#		Size	
Location of Device				What type of contamination is the water supply protected from?			
Is Device alarmed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Type of Gate Valve VALVES FOR FIRE SYSTEMS MUST BE "UL" OR "FM" APPROVED			
If yes, what type?							
Device Maintenance and Testing Schedules DESCRIBE MAINTENANCE & TESTING SCHEDULE OF ABOVE DEVICES (REFER TO 310 CMR 22.22)							

CROSS CONNECTION PLAN SUBMITTAL REQUIREMENTS
<input type="checkbox"/> Completed title block (name of facility, address, date, preparer, scale, etc.) <input type="checkbox"/> Schematic or blueprint of plumbing system (>= 8 1/2" x 11") using accepted symbols and nomenclature, incl.: a) Clearances in device installation b) Location of upstream and downstream shut off valves c) Make, model, size and alignment of device d) Location of potable water lines e) System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical storage, etc.) When installation of devices involves large or complex plumbing systems, formal prints must be submitted with a professional Engineer's stamp, subject to the description of the reviewing authority.

Sprinkler/Plumber Agent Name: _____ License#: _____

Sprinkler/Plumber Signature: _____ Date: _____

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