



PUBLIC WORKS DEPARTMENT

Application for City Services

Date Received: _____

Date Notified: _____

Completed by Customer	Property Owner: _____								
	Builder: _____								
	Address: _____								
	Contact Person / On-Site Review:								
Name: _____ Phone Number: _____									
Email: _____									
Comments:									
Please include type and size of service(s) requested in the comments section.									
Completed by City of Dublin	Water			Sewer			Drainage		
	Desc.	Size/LF	Price	Desc.	Size/LF	Price	Desc.	Hrs/Qty	Price
	Labor			Labor			Labor		
	Equipment			Equipment			Equipment		
	Pipe			Tap			Material		
	Tap			Street Cut			Pipe		
	Meter			Road Bore			Street Cut		
	Meter Box								
	Wet Tap								
	Street Cut								
	Road Bore								
	Valve Box								
	Dual Check								
	RPZ Check								
	Water Subtotal			Sewer Subtotal			Drainage Subtotal		
To be provided by Inspection Department Staff Only						Grand Total _____			
ASSOCIATED IMPACT FEE: _____									

THIS ESTIMATE IS VALID FOR 30 DAYS FROM THIS DATE: ____ / ____ / ____

Email completed application to: bakery@dlcga.com or Fax to: (478) 272-2073