

Approved hot tap date:

Time:____

REQUEST FOR WATER SYSTEM HOT TAP



ALLOW UP TO THREE (3) BUSINESS DAYS TO PROCESS REQUEST

Park City Municipal Corporation, Engineering Department, 445 Marsac Ave/PO Box 1480, Park City, UT 84060 435-615-5073 <u>isaac.kershner@parkcity.org</u> <u>www.parkcity.org</u>

PROJECT INFORMATION		
TODAY'S DATE: PROJECT ADDRESS/LOCATION:		
PROPOSE TAPPING DATE:	PROJECT START TIME:	PROJECT END TIME:
TYPE OF WORK: NEW CONSTRUCTION (Residential) NEW CONSTRUCTION (Commercial) RENOVATION/REHABILITATION*		
SERVICE LINE SIZE:	SERVICE LINE MATERIAL:	
Hot taps will only be scheduled between 8 and 12 PM, Monday through Thursday. Approval is subject to previously scheduled work. Park City reserves the right to restrict, modify, or deny application to minimize interruption of water service and to protect public health. *Will require abandonment of existing service line at the water main. *Work shall comply with the Park City 2024 Supplemental Standards and Specifications.		
REQUIREMENTS		
□ SITE PLAN SUBMITTED		
OTHER PERMITS For Example ☐ WORK IN ROW PERMIT ☐ BUILDING ☐ PARTIAL ROAD CLOSURE ☐ PARKING If other permits are required, it is the responsibility of the applicant to obtain the forms needed to avoid a STOP WORK ORDER.		
GENERAL CONTRACTOR'S INFORMATION		
CONTRACTOR'S NAME:	MAILING ADDRESS:	
EMAIL ADDRESS:	24 HOUR PHONE #:	
I certify that all work will be completed in accordance with Park City's Construction Standards and Conditions of Permit Approval. I acknowledge that as the General Contractor I am responsible for the full cost of any repairs.		
Print Name: Signature:		Date:
TAPPING CONTRACTOR'S INFORMATION		
CONTRACTOR'S NAME:	TECHNICIAN'S NAME:	
MAILING ADDRESS:		
PRE-INSPECTION MUST BE ARRANGED 24 HOURS IN ADVANCE WITH THE WATER DEPARTMENT		
OFFICE USE ONLY		
APPROVED ON: DAY OF 20 APPROVED BY:		
☐ Water Operations' Approval ☐ Valves located and accessible ☐ Copy to Applicant		