

MAYOR
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CITY CLERK
Sandra Bennett



CITY COUNCIL
Betty Lyle
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Dwight McCormic
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DRINKING WATER PROJECT SUBMITTAL FORM

I hereby request water service from the City of Statham Water Department for a subdivision of _____ individual lots, consisting of _____ acres and located at:

_____.

The estimated square footage per house will be _____. Application is hereby made on this _____ Day of _____, _____. I have included the fee of **\$1,000.00** for the above request to cover the costs associated with flushing, chlorination, pressure testing, etc.

Included are three (3) copies of my proposed lot layout (plat) for the above-referenced subdivision.

Developer's Name: _____

Address: _____

Phone and Email: _____

Any additional cost incurred by the City for this development will be billed to the Developer of the project.

Signature of Developer: _____ Date: _____

Developer Print Name: _____

Witness: _____

FOR OFFICIAL USE ONLY

_____ Payment received by: Check _____ Cash _____ Debit/Credit _____ Check/Receipt # _____

_____ Three (3) copies of subdivision plat

_____ District of water service (road or street)

_____ 24-hour pressure test _____ Flow test

_____ Other requirements needed: _____

Statham City Hall
P.O. Box 28 – 327 Jefferson St.
Statham, GA 30666