

**CITY OF COVINGTON
APPLICATION FOR TAPS**

**BUILDING & PLANNING DIVISION OF COVINGTON PUBLIC WORKS
P. O. Box 768 200 W. Washington Ave., Covington, TN 38019
Phone (901) 476-7191 Fax (901) 476-5056
planning.building@covingtontn.com**

Location: _____ **Subdivision:** _____ **Lot:** _____

Owner Name: _____ **Billing Address:** _____

Phone # _____

Contractor _____ **Cell Phone #** _____

Units ____ **Residential / Commercial / Industrial** *(Please Circle One)*

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**PLEASE NOTE: EVERY EFFORT WILL BE MADE TO INSTALL REQUESTED TAP
WITHIN 7 - 10 WORKING DAYS.**

WATER Tap Size: _____ Tap Fee Received: \$ _____

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Requires a Backflow Contact Greg Engstrand 901-237-7091

SECONDARY WATER Tap Size: _____ Tap Fee Received: \$ _____

SEWER Tap Size: _____ Tap Fee Received: \$ _____

**If pressurized a 10-3 w/ground on a 30-amp double pole breaker is required.*

NATURAL GAS Yes No Footage _____ Tap Fee Received: \$ _____

The owner/applicant agrees to allow the City of Covington Public Works Utilities Department access to the above captioned private property to install and service when necessary the following utilities: water, gravity sewer, sewer pumps and natural gas lines.

Signature of Authorized Agent: _____

Date: _____ **TOTAL AMOUNT TO COLLECT: \$** _____