

City of Colonial Heights
Office of the Building Inspector
APPLICATION FOR A PERMIT TO CONNECT
WATER AND SEWER

Colonial Heights, Va. _____ 20_____

Location: _____

Owner of Property: _____

Name of Plumbing Contractor: _____ Phone No.: _____

Date Work is to Begin: _____

Type of Service: _____ Water Service _____ Sewer Service _____

Size of Water Service: _____ Type of Pipe: _____

Number of Water Service: _____

Type of Sewer Pipe: _____

Size of Sewer Pipe: _____

Purpose of Sewer: New _____ Replacement _____

Applicants Signature _____



1-800-552-7001
UTILITIES REQUIRE TWO FULL WORKING DAYS