

METRO WATER SERVICES – DEVELOPMENT REVIEW CENTER
MWS.DevelopmentServicesCenter@nashville.gov

DATE: _____

BUILDING PERMIT NUMBER: _____

TYPE OF REQUEST: _____

PROPERTY INFORMATION FOR SERVICE ADDRESS							
STREET ADDRESS _____							
CITY _____	ZIP _____	MAP/PARCEL _____					
SUBDIVISION _____		PHASE _____	SECTION _____	LOT _____			
CHANGE METER _____	CURRENT METER NUMBER _____		READING _____				

METER INFORMATION		
TYPE OF METER: _____	METER SIZE _____	_____

PARTY RESPONSIBLE FOR BILL			
COMPANY _____	CONTACT PERSON _____		_____
ADDRESS _____			ZIP _____
PHONE NUMBER _____	EMAIL _____	_____	

CONTRACTOR/PLUMBER			
COMPANY _____	CONTACT PERSON _____		_____
ADDRESS _____			ZIP _____
PHONE NUMBER _____	EMAIL _____	_____	
CONTRACTOR/PLUMBER LICENSE NUMBER (JC, PC, GC) _____			

TAP INFORMATION			
TAP TYPE _____	TAP SIZE _____		_____
TAP TYPE _____	TAP SIZE _____		_____
TN ONE CALL NUMBER _____	EXCAVATION PERMIT NUMBER _____		
1ST DATE REQUESTED _____	TIME OF DAY _____	_____	
2nd DATE REQUESTED _____	TIME OF DAY _____	_____	

METERS WILL BE INSPECTED 15 WORKING DAYS AFTER PERMIT IS ISSUED. INSPECTION FEES WILL BE CHARGED FOR METER INSPECTIONS.

For Office Use Only:		
WSST _____	WSWT _____	
MWS# _____	MWS# _____	
Early Release _____	Transfer Slip _____	Dev. Equity _____
PSI _____	PRV _____	Booster _____