



**FORT BEND COUNTY W.C.&I.D. NO. 2**  
**2331 South Main, Stafford, Texas 77477**  
**Phone: (281) 499-2041 Fax No.: (281) 499-4223**

**APPLICATION FOR SANITARY SEWER AND/OR WATER SERVICE**

\_\_\_\_\_  
 (NAME OF APPLICANT) (LOT) (BLOCK) (SECTION)

\_\_\_\_\_  
 (SERVICE ADDRESS) (CITY) (STATE) (ZIP)

PLUMBER/CONTRACTOR/IRRIGATOR: \_\_\_\_\_  
 (Name) (Phone)

TYPE OF PIPE MATERIAL: WATER: \_\_\_\_\_ SEWER: \_\_\_\_\_  
 (Schedule 40 or SDR 26)

INSTALLATION OF: Sample Well: \_\_\_\_\_ Grease Trap: \_\_\_\_\_ Size Trap: \_\_\_\_\_

Irrigation System: \_\_\_\_\_ Size Meter: \_\_\_\_\_ Backflow Device: \_\_\_\_\_

Swimming Pool: Repair of Line: \_\_\_\_\_ New Line: \_\_\_\_\_ Other: \_\_\_\_\_

DATE: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_  
 (Signature)

**INSPECTION FEE: \$ 40.00 (For each trip)**

APPLICANT SHOULD SUBMIT CONSTRUCTION PLANS/PLAT, SHOWING LAYOUT AND PROPOSED LOCATION OF SEWER AND/OR WATER SERVICE LINE, INCLUDING CLEANOUT LOCATIONS, AND IF APPLICABLE, SAMPLE WELL, GREASE TRAP, BACKFLOW DEVICE, ETC.

**INSPECTION PAID BY:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**APPLICATION FOR WATER/SEWER CONNECTIONS APPROVED:**

Date: \_\_\_\_\_

**FOR DISTRICT USE ONLY**

**CONNECTION INFORMATION:**

(District Inspector will indicate the following on construction plans/plat)

Service Lines: \_\_\_\_\_ Cleanout Locations: \_\_\_\_\_ Sample Well: \_\_\_\_\_  
 Grease Trap: \_\_\_\_\_ Irrigation System: \_\_\_\_\_ Backflow Device: \_\_\_\_\_  
 Dates of Inspections: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (District Inspector)