

Please submit application either by mail or in person to office, or by email to watergenmb@kentgov.org

## KENT COUNTY DIVISION OF WATER AND WASTEWATER ALLOCATION APPLICATION

### APPLICANT INFORMATION

Name:

Mailing address:

City:

State:

ZIP Code:

Phone:

Cell Phone:

Email:

### ALLOCATION REQUEST INFORMATION

Property Address:

Tax Map:

Parcel:

Lot:

Allocation Type & Number of  
allocations requested

Water:

Sewer:

### PROJECT INFORMATION

Type of Project *Select One:*     Single Family     Apartment or Duplex: \_\_\_\_\_ sq. ft.  
 Commercial     Residential sub-division     Commercial sub-division     *Inquiry Only*

### SIGNATURE

Signature of applicant:

Date:

### FOR OFFICE USE ONLY

### APPROVAL

Kent County Commissioners Approval Date:

DWWS Signature:

Date:

### PAYMENT INFORMATION

Check #:

Date Paid:

Amount: