

# Passaic Valley Water Commission

Last Revised:  
6/11/2025

Applications must be mailed to or dropped off at:  
Passaic Valley Water Commission  
1525 Main Avenue, Clifton, NJ 07011  
Attn: Customer Service; 973-340-4300, Option #2  
Electronic application submissions will not be processed.

## APPLICATION FOR WATER SERVICE

**Water Service:** ☐ Domestic ☐ Domestic & Fire Protection<sup>(1)</sup> ☐ Fire Protection<sup>(1)</sup> ☐ Temporary/Construction Water

**Building Type:** ☐ Residential Single Family ☐ Residential 2-4 Family ☐ Multi-Residential/Commercial<sup>(3)</sup>  
☐ Commercial<sup>(3)</sup> ☐ Industrial<sup>(3)</sup> ☐ Outdoor/Recreational/Seasonal Use<sup>(3)</sup>  
☐ Existing Structure ☐ New Structure

Service Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Is this street address (check one option below):

- ☐ An existing address that is not being changed ☐ An existing address because the new address has not been finalized  
☐ A proposed address that has **not** been verified by the City ☐ A proposed address that has been verified by the City

### Billing Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Owner Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contractor/Installer Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Building Use:** \_\_\_\_\_ **Size of Domestic Service:** \_\_\_\_\_ **Size of Meter:** \_\_\_\_\_ **Additional Meters<sup>(2)</sup>:** \_\_\_\_\_  
(Type of Business) (determined by Owner/Owner Representative in accordance with Plumbing / Fire Codes)

**Type of backflow device:** ☐ Testable Double Check Valve (DCV) ☐ Reduced Pressure Zone Backflow Device (RPZ)  
(RPZ for all non-residential, mixed-use development and construction services. DCV for residential development.)

<sup>(1)</sup> Must also complete "Application for Fire Protection Service"

<sup>(2)</sup> No more than six (6) meters will provided per property/location.

<sup>(3)</sup> All commercial, multi-residential / commercial, industrial and temporary/construction water services are required to install an approved backflow device directly after the meter as per PVWC cross-connection and backflow control policies and procedures.

<sup>(4)</sup> Plumbing shall be configured for horizontal meter installation. Meter install includes meter and two couplings. If additional parts are required, they shall be billed to the customer account.

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## Briefly Describe the Project (specifically with regard to the building use and water service):

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All fire and domestic service lines on private property shall be pressure tested, disinfected, flushed and bacteriological tests are to be performed by the owner or a representative of the owner. The PVWC Engineering Department shall witness all pressure tests performed on the private service lines and shall receive all copies of the bacteriological testing results prior to the water being turned on.

Passaic Valley Water Commission (PVWC) will install your service line from the main to the curb.

All lines from the curb to the building and/or the meter location are to be installed, owned and maintained by the property owner. Installation may be performed by the owner or a representative of the owner and is subject to an inspection by PVWC in addition to Local Building Department Officials. If requested, PVWC does provide an installation service from curb to building, for water services up to 2" in size.

By requesting service, the applicant agrees to the terms, policies, and standards of the PVWC.

**Full payment is required to be attached to this application in the form of a check or money order in order to process your application.**

Please refer to PVWC's Field Service Rate Sheet for information on required fees.

Amount Enclosed \$ \_\_\_\_\_ ☐ Main to Curb- PVWC ☐ Curb to building PVWC installed ☐ Curb to building Owner installed/PVWC Inspected

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Application Checklist: \_\_\_\_\_ Applicant Initials: \_\_\_\_\_

1. Complete Application (**NO** field left blank) \_\_\_\_\_
2. Fee(s) Included \_\_\_\_\_
3. Service Sizing Certification(s)  
<https://www.pvwc.com/Customer-Service/Applications-and-Forms> \_\_\_\_\_
4. Utility Plan(s), showing the location of proposed service  
on the site. (Email PDF to [applications@pvwc.com](mailto:applications@pvwc.com)) \_\_\_\_\_

**Incomplete applications will delay processing**