



METRO WATER SERVICES – DEVELOPMENT REVIEW CENTER
EMAIL TO: MWS.DS@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 30 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 _____
PSI _____	PRV _____
	Dev. Equity _____
	Booster _____