



VILLAGE OF CLOUDCROFT
201 BURRO AVE.
P.O. BOX 317
CLOUDCROFT, NM 88317

WATER DEPARTMENT
PHONE: 575-682-2411
FAX: 575-682-2042

VILLAGE OF CLOUDCROFT NEW WATER CONNECTION APPLICATION
(PLEASE PRINT ALL INFORMATION)

Applicants Name: _____

Applicants Address: _____

Applicants Phone Numbers: _____
Home Cell

Property Owner Name: _____

Cloudcroft Property Location: _____

Subdivision: _____ Block: _____

Lot(s): _____ Current Zone: _____

Type of Building: _____ Square Feet: _____
(Commercial, Single Family, Apt., etc.)

I hereby acknowledge that the above information is true and correct. I agree to comply with the state plumbing code and the Village of Cloudcroft code. Connection will conform to the information presented on this application. (The property owner is responsible for installing separate water shut off between meter and building)

Applicants Signature Date

Owners Signature Date

Water Tap Fee \$1500.00 _____ Paid via Check# _____ Cash _____

Water connection to the Village has been visually inspected and is hereby accepted by the Village of Cloudcroft on this _____, day of _____, 20____, by Village of Cloudcroft employee:

(PRINT) _____

(SIGNATURE) _____

RECORDED BY THE VILLAGE CLERK: (PRINT) _____

(SIGNATURE) _____

DATE: _____ **BUILDING PERMIT#** _____