



# Water Meter Application

## Town of Ocean City

Fire Marshal's Office 410-289-8780 [ocfm@oceancitymd.gov](mailto:ocfm@oceancitymd.gov)

Billing Dept. 410.289.8833 [myocwaterbill@oceancitymd.gov](mailto:myocwaterbill@oceancitymd.gov)

Water Dept. 410.524.8388 [sandersen@oceancitymd.gov](mailto:sandersen@oceancitymd.gov)

### Applicant Information

Applicant Name:			Project Name:		
Phone Number:		Email Address:			
Tax ID			Building Permit Number:		
Map	Parcel	Lot	Block	Section	
Type of Project: <input type="radio"/> Single Family <input type="radio"/> Multi-Family <input type="radio"/> Business <input type="radio"/> Commercial <input type="radio"/> Mobile Home					
# Units:			# Floors:		
Property Address:			Ocean City, MD, 21842		

### Billing Information (if different than Property Address)

Billing Address:		
City:	State:	Zip Code:

### Water Meter Sizing Information

Est. Domestic Flow (gpm):		Designer/Sprinkler Co:	
Requested Meter Size:		Estimated Sprinkler flow (gpm)	
Existing Water Meter on Site (Yes/No)		Underground Pipe Size	

The applicant shall ensure the design professional of record and/or fire sprinkler system designer has been contacted to determine the necessary meter size and underground pipe sizing to appropriately provide for the domestic and fire service flow required for the building. If the applicant is unsure of the fire sprinkler requirements of the proposed structure, they may contact the Office of the Fire Marshal at 410-289-8780 prior to making contact with their sprinkler provider.

### Water Meter Connection Information and Fees

Meter Size	Connection Deposit	Fee Paid
1"	\$1450	\$
2"	\$4200	\$
3"	\$8000	\$
4"	\$10,000	\$
6"	\$16,000	\$
8"	\$20,000	\$
10"	\$26,000	\$

A deposit is required prior to installation, at the time the Application for service is submitted. "Actual" labor and material costs will be tracked. The deposit will be applied against the "Actual" cost and result in a final billing to the Applicant. If there is an existing water meter on site requiring removal, by signing the application, permission is given to remove said meter. The cost of removal will be included in the final billing.

### Applicant Authorization

**Application is hereby made for the above described water service. By signing below the Applicant hereby makes application for, and agrees to, the requirements identified on this application.**

Applicant Name:	
Signature X	Date:

**DO NOT COMPLETE ANY DATA BELOW THIS LINE. THIS PORTION OF THE APPLICATION FORM IS RESERVED FOR TOWN USE.**

### Town of Ocean City Approvals

**Application reviewed and approved by Water Department**

Signature X	Date:
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Estimated Completion Time Frame	Date:
<b>Installation approved by Billing Department</b>	
Signature X	Date:
Existing Meter:      Serial #	Clock #
New Meter:          Serial #	Start Reading

Please email completed form to [sandersen@oceancitymd.gov](mailto:sandersen@oceancitymd.gov) or bring completed form to 6405 Seabay Drive. Ocean City, MD for signature.

Rev. 2.8.24