



# Water Meter Application

## Town of Ocean City

Engineering Dept. 410-289-8825 \* [gblazer@oceancitymd.gov](mailto:gblazer@oceancitymd.gov)

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

Water Dept. 410.524.6760 \* [tailstock@oceancitymd.gov](mailto:tailstock@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		Maryland		21842
Billing Information (if different than Property Address)				
Billing Address:				
City:		State:		Zip Code:
Water Meter Information				
Estimated Domestic Flow _____ gpm			Estimated Fire Flow _____ gpm	
Number of Fixture Units from Wastewater Dept. _____			Service/Meter Size applied for _____ inches	
Water Meter Connection Information and Fees				
Meter Size	Connection Deposit		Fee Paid	
1"	\$1,450		\$	
2"	\$4,200		\$	
3"	\$8,000		\$	
4"	\$10,000		\$	
6"	\$16,000		\$	
8"	\$20,000		\$	
10"	\$26,000		\$	
A deposit is required for installation. The deposit amount is billed against actual time and material.				
Applicant Authorization				
Application is hereby made for the above described water service				
Applicant Name				
Signature X			Date:	
Town of Ocean City Approvals				
Application reviewed and approved by Office of City Engineer				
Signature X			Date:	
Installation approved by Billing Department				
Signature X			Date:	