



Application for Utility Services
NON-RESIDENTIAL

106 East Washington Street
Mebane, North Carolina 27302
Phone (919) 563-5901 Fax (919) 304-9281

Account # _____ Processed by _____

Applicant _____
Business or Entity Name

Form Completed By: _____
Name Title

Service Address _____

Mailing Address (if different from above) _____

Service Start Date _____

Primary Business conducted at this location: _____

[] Retail [] Manufacturing [] Professional [] Other (describe) _____

Telephone _____ Emergency Phone _____

Have you had service with Mebane before? [] YES [] NO If yes, Where? _____

Email address for correspondence _____

Would you like to receive your bill by: [] Mail [] Email [] Both

Business Occupancy Permit

The City of Mebane requires that all non-residential establishments obtain a Business Occupancy Permit before the commencement of operations. A utility account shall be established by City staff only upon receipt of proof of the Business Occupancy Permit, a copy of which shall be provided to City staff at the time of application for the water utility account. Please contact Planning and Inspections at 919-563-9990 for a permit. Please attach a copy.

Have you attached a copy of your business occupancy permit? [] YES [] NO

Deposit

A deposit is required to establish a utility account. The deposit will be refunded when the account is closed or applied to any outstanding balance at that time, according to the City of Mebane policies.

I hereby make application for utility service and certify that all the above information is true and correct, and that I am authorized to sign for the named entity. I agree to abide by all current and future policies and regulations of City of Mebane Utilities, and agree to pay all charges and penalties billed on each monthly statement. I understand that past due balances will appear on my monthly statement, and that delinquent accounts are subject to immediate disconnection per the City of Mebane's policies with no additional notice.

Printed Name and Title of Signer: _____

Date: _____ Signed (X): _____