

ROARING FORK WATER & SANITATION DISTRICT

APPLICATION FOR WATER AND SEWER SERVICE AND TAP PERMIT SINGLE-FAMILY RESIDENTIAL, SECONDARY RESIDENTIAL, DUPLEX AND SPECIAL CLASSIFICATIONS

Please complete and return with your tap fee payment of \$10,200/eqr to the RFWSD. Approved permits will be issued after a processing period of five business days.

Applicant Information

Name of Applicant: _____

Applicant Address: _____

Applicant City/State/Zip: _____

Applicant Phone(H) _____ (W) _____ (email) _____

Owner Information

Owner of Property to be Served: _____

Mailing Address for District Billings: _____

Mailing City/State/Zip _____

Owner Phone:(H) _____ (W) _____ (email) _____

PROPERTY TO BE SERVED

Services Desired: Water Sewer Irrigation Water Source: District Raw

Legal Description of Property to be Served: (Attach copy if necessary) _____

Street Address of Property to be Served: _____

Subdivision or Development: _____ Lot: _____

Structures on Property (if there is more than one structure of the same type or for duplex or triplex units, give separate information for each):

	<u>Primary</u>	<u>Secondary</u> (for duplexes)
Bedrooms (4 Bedrooms are allowed for each 1 EQR. For each bedroom over 4, 0.15 EQR will be added)	_____	_____
Kitchens:	_____	_____
Square Ft. of Irrigated Green Space: (5000 square feet of irrigated green space is allowed for each 1 EQR. For each additional 1000 square feet, 0.15 EQR will be added)	_____	_____
Hot Tub (For hot tubs over 500 gallons, specify size in gallons)	_____	_____
Other water uses or structures (e.g. swimming pools, fountains)	_____	_____

I, the applicant named above, as lawful owner of the property described above or on behalf of the lawful owner, hereby apply to the Roaring Fork Water & Sanitation District for the privilege of water and/or sewer service pursuant to §7.03 of the District's Rules and Regulations. I certify that the above description of the property to be served, and the structures thereon, is accurate. I understand that I must have the new tap inspected by District representatives and hereby consent to an inspection of the premises at a reasonable time and in a reasonable manner for the purposes of approving the tap and verifying the tap fee to be charged. I agree to abide by the Rules and Regulations of the District as set by the Board of Directors and amended from time to time, and to notify the District of any changes in the structures or water uses described in this application.

Applicant

Date

OFFICIAL USE ONLY

Tap Fee Due

Water EQR _____ x \$3700 = \$ _____

Sewer EQR _____ x \$6500 = \$ _____

Total = \$ _____

Tap Fee Paid

Date _____

Paid By _____

Amount _____ Ck # _____

PO Box 1002
GLENWOOD SPRINGS, CO 81602
TEL: (970)945-2144

RFWSD

BILLING: PO Box 326
GLENWOOD SPRINGS, CO 81602
TEL: (970)625-6145