

# 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 **\$18,200/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(Ph) \_\_\_\_\_ (C) \_\_\_\_\_ (email)

### Owner Information

Owner of Property to be Served: \_\_\_\_\_  
Mailing Address for District Billings: \_\_\_\_\_  
Mailing City/State/Zip \_\_\_\_\_  
Owner Phone:(Ph) \_\_\_\_\_ (C) \_\_\_\_\_ (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 \$ 6700 = \$ \_\_\_\_\_  
Sewer EQR \_\_\_\_\_ x \$11500 = \$ \_\_\_\_\_  
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