

Snake River Water District

APPLICATION AND PERMIT FOR WATER SERVICE

Multi-Family Residence

Account # _____
 File # _____
 Route Seq. Acct # _____
 User Type # _____

Building Permit #: _____
 Service Address: _____ Date of Application: _____

Owner's Name: _____ Owner's Phone #(s): _____
 Owners Mailing Address _____

Owners e-mail: _____
 Contractor's Name: _____ Contractor's Phone #(s): _____
 Contractor's Mailing Address _____

Contractor's e-mail: _____

EQR – Calculations: Appendix A of the District Rules and Regulations outlines the rate schedule for various Uses. Provide specific Use details for the premises below:

USE	#	Factor	Required
			EQR
3 bedrooms or less		1.00	
# of additional bedrooms		0.10	
Per 1,000 sq. ft. of clubhouse		0.40	
Per 1,000 sq. ft. of office space		0.40	
Per 1,000 sq. ft. of common area		0.40	
* Restricted Use bathroom - # of fixtures		0.03	
Laundry facility--# of washers		1.40	
* Utility sink - # of fixtures		0.03	
# of outdoor hot tubs		0.75	
# of indoor hot tubs		0.50	
Irrigation: per acre		1.00	
* Fixtures: count 1 for each tap: Hot, Cold = 2			

TOTAL EQR REQUIRED SERVING PROPOSED DEVELOPMENT _____

NOTE: See Appendix A of the District's Rules & Regulations for mixed use, swimming pools or other possible anomalies.

(For Rules & Regulations see www.snakeriverwater.com)

SYSTEM INVESTMENT FEE:

Number of EQR _____ x \$8,500 = \$ _____

CONNECTION FEE

Connection fees are based on the service line & meter size.

It is the responsibility of the Applicant (owner/developer) to select the correct Service Line and Meter size based on engineered plans.

(The following is taken from SRWD Rules & Regulations, Appendix B - Fees and Charges, 1.2 Connection Fees)

Circle your selection.

¾ & 1 Inch service line (¾ inch meter size)	\$ 450.00
¾ & 1 Inch service line (1 inch meter size)	\$ 550.00
4 & 6 Inch service line (¾ & 1 inch meter size)	\$ 700.00
4 & 6 Inch service line (1 & ½ inch meter)	\$ 1,000.00
4 & 6 Inch service line (2 inch meter)	\$ 2,400.00
4 & 6 Inch service line (3 inch meter)	\$ 3,100.00
4 & 6 Inch service line (4 inch meter)	\$ 3,900.00
6 & 8 Inch service line (6 inch meter)	\$ 6,200.00

= \$ _____

TOTAL FEE * = \$ _____

*** Fee Must be paid at time of Summit County Building Permit Sign-off by SRWD.**

QUARTERLY BILLED BASE WATER SERVICE FEE: # of EQR _____ x Base Rate of \$65.00/EQR = \$ _____

Complete your acknowledgement on the following page.

Conditions of Approval: The following is a summary of a few of the more applicable Rules and Regulations of the Snake River Water District that are requirements of receiving a tap fee.

See the full text of the Snake River Water District - Rules and Regulations for clarification and for additional requirements.

- 1) All tap fees (System Investment Fees) are to be paid prior to the issuance of a building permit.
- 2) The District will confirm the number of EQR prior to issuance of a Certificate of Occupancy (C.O.). Any adjustments to the amount due to the District must be paid prior to C.O.
- 3) Once a C.O. is issued, the owner will be assessed a quarterly charge of \$65.00 per EQR. Additional fees will be assessed for any water that is used which exceeds 15,000 gallons/quarter/EQR.
- 4) No excavation or installation of water main or service line shall be done October 31 through April 15 (10-31 through 4-15). (see Appendix C, 2.1.1)
- 5) The District will furnish and own all water meters. All properties require back-flow prevention.
- 6) Fire flow requirements are subject to review by the Lake Dillon Fire Authority.
- 7) This permit and installation of all service lines, meters and any back-flow prevention devise are subject to the Rules and Regulations of the District.
- 8) Improvements will not be constructed on or otherwise restrict access to any utility easement of record.

By signing below, the applicant hereby states that they agree to the conditions outlined above.

By signing below, the applicant also hereby states that they are authorized by the property owner to enter into this agreement.

Owner or Contractor’s Signature: _____

Printed Name: _____

Relationship to Owner, if other than Owner: _____

Applicant Phone: _____

Plumber: _____ **Phone:** _____

Excavator: _____ **Phone:** _____

SNAKE RIVER WATER DISTRICT
 (Mailing) (Physical)
P.O. BOX 2595 50 ORO GRANDE
DILLON, CO 80435 KEYSTONE, CO
970-468-0328

FOR DISTRICT USE ONLY

SYSTEM INVESTMENT FEE:

Number of EQR _____ x 8,500.00 = \$ _____

CONNECTION FEE

Connection fees are based on the meter and service line size

¾ & 1 Inch service line (¾ inch meter size)	\$ 450.00
¾ & 1 Inch service line (1 inch meter size)	\$ 550.00
4 & 6 Inch service line (¾ & 1 inch meter size)	\$ 700.00
4 & 6 Inch service line (1 & ½ inch meter)	\$ 1,000.00
4 & 6 Inch service line (2 inch meter)	\$ 2,400.00
4 & 6 Inch service line (3 inch meter)	\$ 3,100.00
4 & 6 Inch service line (4 inch meter)	\$ 3,900.00
6 & 8 Inch service line (6 inch meter)	\$ 6,200.00
	= \$ _____

TOTAL FEE = \$ _____

OUT OF DISTRICT WATER SERVICE

In District _____ Out of District _____

(Out of District rates = 1.5 of In District Rates)

EASEMENTS

Required _____ Yes _____ No _____

Received by District: Date _____ Recorded Date _____

(Note: If easement is required, it must be executed and recorded in the Clerk & Recorders office, and a copy returned to the District before the District will sign off on a C.O.)

WATER MAIN EXTENSIONS

Required _____ Yes _____ No _____

Final Bill of Sale Received: Date _____

Special Fees Paid _____ Date Received _____

As Built Drawings Received: Date _____

(Required before C.O. issued & before District sign-off on deposits held by Summit County.)

BUILDING PERMIT APPROVAL

Tap fees, connection charge, and all other

Fees in the amount of \$ _____

received by the Snake River Water District

Check # _____

Date _____

SNAKE RIVER WATER DISTRICT
Administrator or Authorized Personnel
Date _____

CERTIFICATE OF OCCUPANCY APPROVAL

Date Inspected _____

Size of Water Meter Installed: _____

Water Meter Serial #: _____

Begin Billing Date for Water Use Fees _____

SNAKE RIVER WATER DISTRICT
Administrator or Authorized Personnel
C.O. Approval Date: _____