



UTILITY REQUEST

PLEASE NOTE: Applicants will be notified of any deficiencies in their application within 30 days of receipt. If any unresolved deficiencies remain at the end of 120 days the application will become void. All fields below must be completed or your request will be considered deficient.

APPLICANT IS: OWNER CONTRACTOR OTHER

APPLICANT _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CONTACT PHONE NUMBER _____ EMAIL ADDRESS _____

STREET ADDRESS OR SUBDIVISION/LOT # OF PROPERTY FOR WHICH SERVICE IS REQUESTED _____

TAX PARCEL ID NUMBER _____	S.F. APPROXIMATE FLOOR AREA _____	USE OF STRUCTURE		
		SINGLE FAMILY	DUPLEX	MULTI-FAMILY
NEW STRUCTURE? YES NO		COMMERCIAL	OTHER _____	NUMBER OF UNITS _____

S.F.
TOTAL IMPERVIOUS* AREA TOTAL SQ. FOOTAGE OF LOT(S) SITE PLAN ATTACHED? YES NO

*(IMPERVIOUS AREA INCLUDES BUILDING FOOTPRINT, DRIVEWAYS, PARKING, PATIO, HARD SURFACES, ETC.)
ANY AREA GREATER THAN 2000 SQ.FT. MUST INCLUDE A STORMWATER PLAN

IS/WAS SITE PREVIOUSLY DEVELOPED? YES NO IF YES, PLEASE DESCRIBE: _____

SERVICES REQUESTED FOR SINGLE FAMILY RESIDENCE (SFR)

WATER This includes one 3/4" meter	SEWER 6" LATERALS TO BE CONSTRUCTED BY OWNER AND BE INSPECTED BY THE CITY.	POWER * See reverse side for details This includes one meter, temporary power, early PVC & permanent power AMPERAGE 200 320 400
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SERVICES REQUESTED FOR COMMERCIAL, DUPLEX, MULTI-FAMILY OR OTHER

WATER METER SIZE QTY. 3/4" _____ Irrigation _____ 1" _____ 1-1/2" _____ 2" _____ See Development Standard Sheet 4-16	SEWER 6" LATERALS TO BE CONSTRUCTED BY OWNER AND BE INSPECTED BY THE CITY. See Development Standard Sheet 5-12	POWER PERMANENT TEMPORARY NUMBER OF METERS _____ SINGLE PHASE (120/240V) THREE PHASE VOLTAGE _____ REWIRE LINE EXTENSION AMPERAGE 200 320 400 Other _____ See Development Standard Sheets 6-1, 6-2 & 6-3
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CONTRACTOR INFORMATION(FOR BILLING DURING CONSTRUCTION)

OWNER INFORMATION(FOR PERMANENT BILLING)

NAME _____

NAME _____

MAILING ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PHONE NUMBER _____

CONTACT PHONE NUMBER _____

APPLICANT ACKNOWLEDGES HE/SHE MUST **PAY IN FULL** ALL FEES AND CHARGES BEFORE THE CITY WILL **ISSUE A BUILDING PERMIT** (IF APPLICABLE), OR **SCHEDULE SERVICE CONNECTIONS**.

SIGNATURE _____

DATE _____