



PO Box 5740, 100 Gothic Rd Mt Crested Butte, CO 81225 Phone 970-349-7575 Fax 970-349-0412

## WATER & SEWER TAP PERMIT APPLICATION

**\$150.00 Fee (checks only) submitted with a complete set of stamped architectural plans including water and wastewater service lines and tap connection location to calculate a tap fee amount. Plans can be emailed to [info@mcbwsd.com](mailto:info@mcbwsd.com) or mailed to PO Box 5740 Mt Crested Butte, CO 81225-5740. Application fees can be mailed or deposited at the locked drop box at 100 Gothic Road in Mt Crested Butte, CO 81225. Incomplete applications (or those with missing or incomplete plans or unpaid fees) will not be processed.**

**NOTICE: A 10% deposit is required with the payment of tap fees. The deposit will be refunded after the final inspection of the project is completed.**

I hereby make application to the Mt. Crested Butte Water & Sanitation District for a water & sewer tap permit for:

**Street Address:** \_\_\_\_\_ **Acct #:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot/Parcel #:** \_\_\_\_\_

As a condition of issuing a tap permit, I herein agree to comply with the Rules and Regulations of the District now in effect or which may be imposed hereinafter. The application for a tap fee is hereby submitted:

**Applicant (Owner):** \_\_\_\_\_ **Builder:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**New Structure or Remodel:** \_\_\_\_\_

**Total Existing Sq Ft:** \_\_\_\_\_ **Total Existing Occupiable Sq Ft:** \_\_\_\_\_

**Total New Sq Ft:** \_\_\_\_\_ **Total New Occupiable Sq Ft:** \_\_\_\_\_

APPLIANCE	TOTAL		APPLIANCE	TOTAL	
	EXISTING	NEW		EXISTING	NEW
TOILETS			KITCHENS		
BATHROOMS			BEDROOMS		
TUB/SHOWER			HOT TUBS		
BIDET			WASHER/DRYER		
SINKS			OTHER		

\*Please allow 14 days from receipt of this application (including complete plans and \$150 application fee), for processing and to verify utilities to receive your tap fee permit for signature and remittance\*

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner Printed Name:** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**Check Issued By :** \_\_\_\_\_