



P.O. BOX 5740, 100 GOTHIC RD.
 MT. CRESTED BUTTE, CO. 81225
 Phone 970-349-7575 Fax 970-349-0412

WATER & SEWER TAP PERMIT APPLICATION

\$100.00 Fee (checks only) to be submitted with a complete set of architectural plans to calculate a tap fee amount. Incomplete applications (or those with missing or incomplete plans or unpaid fees) will not be processed.

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

Subdivision: _____ **Lot/Parcel #:** _____

Street Address: _____ **Acct #:** _____

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: _____

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			POOLS		
SINKS			POOL SQUARE FOOTAGE		

Please allow 14 days from receipt of this application (including complete plans and \$100 application fee), for processing and to verify utilities to receive your tap fee permit for signature and remittance

Signature: _____

Date: _____

Check Issued By: _____

Check #: _____ **Date Paid:** _____