



PO 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)** submitted with a complete set of stamped architectural plans to calculate a tap fee amount.

Plans and payments can be emailed to [info@mcbwsd.com](mailto:info@mcbwsd.com) or mailed to PO Box 5740 Mt Crested Butte, CO 81225-5740.

A locked drop box is also available for payments at 100 Gothic Road in Mt Crested Butte, CO.

**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:

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

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

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

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