

**MT. CRESTED BUTTE WATER & SANITATION DISTRICT
P.O. BOX 5740, 100 GOTHIC RD.
MT. CRESTED BUTTE, CO. 81225
970-349-7575 Fax 970-349-0412**

WATER & SEWER TAP PERMIT APPLICATION

\$100.00 Fee to be submitted with a complete set of architectural drawings to correctly figure a tap fee amount

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 for processing and to verify utilities to receive your tap fee amount

Signature: _____

Date: _____

Check Issued By: _____

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