



Certificate of Availability of Utilities

Date of Application: _____

Customer Information

Applicant Name: _____ Phone Number: _____

Mailing Address: _____

Service Address: _____

Name of Development: _____ Development Acreage: _____

Utility Services Requested. Please show number & size.

Water: _____ Sanitary Sewer: _____ Storm Sewer: _____

Natural Gas: _____ Fire Sprinkler System: _____ Other: _____

(Gas pressure provided at 4 ounces ONLY)

Sewer Effluent Characteristics

Domestic: _____ Non-Domestic: _____

Industrial process discharge: _____

Utilities to be Developed

Water: _____ Sanitary Sewer: _____ Storm Sewer: _____

Natural Gas: _____ Fire Sprinkler System: _____ Other: _____

(Gas pressure provided at 4 ounces ONLY)

Remarks: _____

Applicant is responsible to stake and label utility tap locations upon approval.

Applicant Signature

Date

For Office Use Only

Application is: Approved Denied

Remarks: _____

Tap Fees

Water: _____ Sanitary Sewer: _____ Storm Sewer: _____

Natural Gas: _____ Other: _____ Sewer Impact Fee: _____

Water Impact Fee: _____ **Total Fees:** _____

City Planner

Date

Director of Public Works

Date