

Date of application: _____

OWNER NAME and ADDRESS of Property to be served: _____

Application prepared by: _____ Phone No: _____

Sanitary Sewer Connection to be Construction by: _____ License No: _____

Address: _____ Phone No: _____

Type of Facility to be Served: _____ (Residence, Apartments, Restaurant, Retail Store, Etc.)

Fixture unit equivalents shall be calculated using the following schedule and shall apply to "stubbed in" or "roughed in" fixture units as well as those fixtures being installed.

FIXTURE	FIXTURE UNITS*	NO. OF UNITS	TOTAL FIXTURE UNITS
Bathtub	2	X	= _____
Floor Drain	2	X	= _____
Interceptors for grease, oil, solids, etc.	3	X	= _____
Laundry tubs	2	X	= _____
Shower, single stalls	2	X	= _____
Sink, bar, private (1.5" min waste)	1	X	= _____
Sink, commercial, including dishwashers, wash-up sinks and wash fountains	3	X	= _____
Wash basin (lavatory) single	1	X	= _____
Water closet, tank type	3	X	= _____
Trailer park trap (one for each trailer)	6	X	= _____
Others: _____		X	= _____
_____		X	= _____

FIXTURE	FIXTURE UNITS*	NO. OF UNITS	TOTAL FIXTURE UNITS
Drinking Fountain	½	X	= _____
Interceptors for sand, auto wash	6	X	= _____
Clothes washer	2	X	= _____
Sink, service	3	X	= _____
Urinal, wall (2' min waste)	2	X	= _____
Sink and/or dishwashers (residential)(2' min waste)	2	X	= _____
Wash basin, in sets (his and hers)	2	X	= _____
Water closet,(public)(commercial)	4	X	= _____
Unfinished rough-in bathroom group	5	X	= _____
Others: _____		X	= _____
Inspection fee	\$	_____	
Lift station fee	\$	_____	

TOTAL NUMBER OF FIXTURE UNITS (FU) _____

* In accordance with International Plumbing Code, 2003 Edition, by the International Code Council

The undersigned agrees with the Fountain Sanitation District that they will comply with the Rules and Regulations of the District; that they will perform all work in a satisfactory manner and does indemnify and hold harmless the District from any liability, loss or damage accruing from the work. In the event of violation of any rule, regulation, or law of the District, State of Federal agencies the District may summarily revoke the permit.

Plant Investment Fee First 18 FU (minimum): \$ _____
 Additional FU _____ @ \$ _____ = \$ _____
 Total Plant Investment (Tap) Fee Due = \$ _____

A permit is hereby issued by the Fountain Sanitation District for the above described connection to the district's sewage system and receipt of the applicable tap fee is hereby acknowledged. **This permit expires six months from Date of Issue unless otherwise terminated or cancelled in accordance with District Rules and Regulations.**

FOUNTAIN SANITATION DISTRICT (By): _____

Date of Issue: _____ Date of Expiration: _____

Applicant: _____ Date: _____

***Form also available online @ www.fountainsanitation.com**