



PO Box 5740, 100 Gothic Rd Mt Crested Butte, CO 81225 Phone 970-349-7575 Fax 970-349-0412

WATER & SEWER TAP PERMIT APPLICATION

\$150.00 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 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.

NOTICE: A 10% deposit is required with the payment of tap fees. The deposit will be refunded after the final inspection of the project is completed.

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 \$150 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 : _____