

MID VALLEY METROPOLITAN DISTRICT
0031 Duroux Lane, Suite A • Basalt, Colorado 81621
Phone: (970) 927-4077 • Fax: (970) 927-1017

Business Hours: Monday - Friday, 9:00 a.m. - 3:00 p.m.

APPLICATION FOR WATER AND SEWER SERVICE AND TAP PERMIT --
COMMERCIAL, CHURCH, SCHOOL

Please complete and return to Mid Valley Metropolitan District

Name of Applicant: _____

Address: _____

Phone: (H) _____ (W) _____ (Fax) _____

(Cell) _____ (Email) _____

Service desired: Water _____ Sewer _____

Owner of Property to be Served: _____

Address: _____ Phone: _____

Street Address of Property to be Served: _____

Subdivision or Development: _____ Block/Lot: _____

Structures on Property (if there is more than one structure of the same type, give separate information for each):

Restaurant, bar, lounge, tavern (specify) - _____

Banquet rooms: _____ Seats: _____

Drive Ins: _____ Car Stalls: _____

Laundromats: Washing machines or available hookups: _____

Manual flush toilets or urinals: _____

Continuous flow toilets or urinals: _____

Lavatory, mop or laundry sinks: _____

Showers, tubs or combinations: _____

Washing machines, available hookups: _____

Other water-using fixtures or appliances
(e.g. drinking fountains): _____

Service stations –

Fuel nozzles: _____

Bays or racks where cars can be washed: _____

Commercial buildings, i.e. stores, offices and industrial warehouses (specify) –

_____ Manual flush toilets or urinals: _____

_____ Continuous flow toilets or urinals: _____

Lavatory, mop or laundry sinks: _____
 Showers, tubs or combinations: _____
 Washing machines, available hookups: _____
 Other water-using fixtures or appliances
 (e.g. drinking fountains): _____
 Process water from commercial Establishments -
 Number of gallons per day: _____
 Types and quantities of wastes involved: _____
 Barber/beauty shops: _____ Chairs: _____
 Theaters: _____ Seats: _____
 Grocery stores - number of square feet: _____

For all commercial classifications:

Square feet of irrigated green space: _____
 Other water uses or appliances (e.g. decorative fountains): _____

NOTE: The number of EQRs required for Churches and Schools must be calculated on an individual basis by a representative of the District.

Current Use of Property: _____ New or Proposed Use: _____

Number of EQRs Required, per District EQR Schedule: _____

Number of Prepaid EQRs to be applied to this tap: _____

Owner of Prepaid EQRs: _____

Address: _____ Phone: _____

NOTE: Attach a copy of the document which assigns the prepaid tap to you. Unless attached, no credit for the prepaid tap will be granted.

I, the applicant named above, as lawful owner of the property described above or on behalf of the lawful owner, hereby apply to Mid Valley Metropolitan District for the privilege of water and/or sewer service pursuant to §6.03 of the District's Rules and Regulations. I certify that the above description of the property to be served, and the structures and water uses thereon, is accurate. I understand that I must have the new tap inspected by District representatives and hereby consent to an inspection of the premises at a reasonable time and in a reasonable manner for the purposes of approving the tap and verifying the tap fee to be charged. I agree to give the District 24 hours notice before such an inspection is needed. I understand that service charges begin to accrue from the date of physical connection. I agree to abide by the Rules and Regulations of the District as set by the Board of Directors and amended from time to time, and to notify the District of any changes in the structures or water uses described in this application.

Applicant _____

Date _____

OFFICE USE ONLY

Copy of water and sewer policy given? _____ Rules & Regulations offered? _____

EQRs _____

Tap fee Paid

Water \$ _____ Date _____ Received by _____

Sewer \$ _____ Date _____ Received by _____

Inspection Deposit \$ _____ Date _____ Received by _____

Water rights dedicated? _____

Line extension fee required? _____ Paid \$ _____ Date _____

Surcharge (description & fee) _____

Received by _____

Application approved (becomes a tap permit):

Date _____ By _____

Account number assigned _____ Inspection scheduled for _____

Comments _____
