



REQUEST FOR SERVICE AND BUILDING PERMIT RELEASE

Please complete the information below. Availability Fees etc. must be paid and/or submitted before the Building Permit will be released. Your Building Permit Release should be ready for pickup within 4 working days of your request. Please note that monthly Base Service Fees will be charged beginning upon payment and acceptance of Availability Fees. Continued availability of service is expressly subject to payment of the Base Service Fees.

APPLICATION DATE: _____

APPLICANT (OWNER OR REP.): _____

BILLING ADDRESS: _____

CONTACT PERSON: _____

WORK/DAYTIME PHONE: _____

EMAIL: _____

SERVICE REQUESTED (WATER/SEWER/BOTH): _____

WATER METER SIZE (5/8"x3/4", Full 3/4", 1", 1.5", 2", 3", 4"): _____

**Use FCWSA Fixture Count Worksheet to calculate meter size. See FCWSA Approved Materials list for approved meters.*

PROPERTY USE (RESIDENTIAL/COMMERCIAL): _____

SERVICE DISTRICT: _____

PARCEL IDENTIFICATION NUMBER: _____

SUBDIVISION NAME: _____

SECTION/PHASE: _____

LOT NUMBER: _____

Is this request for service/building permit based on a FCWSA approved plan? _____ (Y/N)

If yes: Plan Title: _____ Approval Date: _____

If no: Please provide a proposed plumbing schematic below of the service line(s) in accordance with FCWSA Details SC-08 or SC-09 for sewer and WM-01 & WS-01 for water.

PROPOSED PLUMBING SCHEMATIC (please attach a separate sheet if necessary):

I/we am/are the owner(s) of the property(ies) described in this application I/we have read the above and have been afforded the opportunity to read the Authority's Rules and Regulations and hereby agree to follow them as they now exist or may be hereafter amended.

I/we am/are the owner(s)/representative(s) of the property(ies) described in this application and attached deed(s). I/we have been afforded the opportunity to read the Authority's Rules and Regulations and hereby agree to follow them as they now exist or may be hereafter amended.

Print Name of OWNER/REPRESENTATIVE

Signature of OWNER/REPRESENTATIVE

Print Name of OWNER/REPRESENTATIVE

Signature of OWNER/REPRESENTATIVE

***** TO BE COMPLETED BY THE AUTHORITY *****

METER SIZE ASSIGNED: _____ EMU(s) ASSIGNED: _____

AVAILABILITY FEES PAID: _____ RECEIPT #: _____

INSPECTION FEES PAID: _____ RECEIPT #: _____

BASE SERVICE FEES PAID: _____ ACCOUNT #: _____

Developer Services

Director of Finance

Date: _____

Date: _____