

UTILITIES HOOK-UP/INSPECTION APPLICATION

TO BE COMPLETED BY OWNER/BUILDER

Owner Name: _____ Business Name: _____

Owners's Mailing Address: _____

Owner's Phone #: _____ Owner's E-mail Address: _____

Physical Address of Property: _____

Contractors Name: _____

CHECK THE BOX THAT APPLIES TO YOU: WATER SERVICE HOOK UP SEWER SERVICE HOOK UP
 COMMERCIAL RESIDENTIAL

If Commercial Water Service Hook Up, existing Well Permit #: _____

Is there a meter? Yes No

If Yes, Meter #, Size, and SR#: _____

Size of Service Requested: _____

I have received and read the handout titled "Dust Control In Churchill County". _____ Initial

I hereby certify that all information supplied in this application is correct, and complete to the best of my knowledge, and I agree to save, indemnify and keep harmless the County of Churchill and its officers, employees and agents against all liabilities, judgments, costs and expenses which accrue against the County in consequence of the granting of this authorization.

THIS AUTHORIZATION SHALL BECOME VOID IF NOT ACTED UPON WITHIN SIXTY DAYS OF ISSUANCE, AND MAY BE VOIDED IF INCORRECT INFORMATION OR ADDITIONAL INFORMATION IS DISCOVERED THAT MAY JUSTIFY THE SAME.

Signature: _____ Phone Number: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

TO BE COMPLETED BY BUILDING DEPARTMENT

Underground: _____

APN _____ Parcel Size _____ Zoning _____

Well Permit: _____

Plot Plan Received Yes No

Surface: _____

Number of Fixture Units: _____

Pay in Lieu: _____

Calculation Worksheet Attached

Water Hook-Up: Amount: _____

Size of Meter Required: _____

Water Fee: Amount: _____

Dedication required in A.F. _____

Sewer Hook-Up: Amount: _____

Residential Well Credit Program

Sewer Fee: Amount: _____

Bld Pmt Appl # _____

TOTAL FEES DUE _____

BUILDING DEPARTMENT AUTHORIZATION

Signature _____ Date _____

Plan File Location _____