



SUBDIVISION SERVICE REVIEW

APPLICANT NAME _____ DATE _____ **Office Use Only**
 Amount Paid: \$ _____
 Check # _____ or Cash
 Date: _____ Initials: _____

MAILING ADDRESS _____ PHONE _____ FAX _____ E-MAIL ADDRESS _____

CITY, STATE, ZIP CODE _____ COUNTY PARCEL ID # (if known) _____

LOCATION OF PROPERTY OR NEAREST CROSS ROADS _____

LEGAL DESCRIPTION OF PROPERTY (include Section, Township and Range and attach warranty deed or survey, if possible)) _____

NUMBER OF TAPS NEEDED, SIZE AND TYPE:
 5/8" RESIDENTIAL (STANDARD) COMMERCIAL - Domestic use meter size: _____
 OTHER RESIDENTIAL Indicate size: _____

DESIGN ENGINEER (if known) _____

ESTIMATED TIME FRAME FOR DEVELOPMENT (Construction start date, home or lot sales completion date) _____

ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION _____

- ALL APPLICANTS: TO EXPEDITE YOUR REVIEW, PLEASE INCLUDE THE FOLLOWING ITEMS:**
1. A copy of the warranty deed or complete legal description of the property.
 2. A copy of a recent tax bill or title report indicating that the property is within Northern Colorado Water Conservancy District and Left Hand Water District.
 3. A check for the full amount of the required review fees.
 4. A drawing or sketch indicating the location of the desired taps.

REVIEW FEES: \$40.00 per tap up to 99 taps, \$3,000.00 for 100 taps or more

To have this REVIEW considered, it must be accompanied by the appropriate review fees, as set forth in the above schedule. This fee does not include any line sizing, line layout or other engineering that is required by the policies of the District. Reviews for large and/or complicated developments may be subject to additional consulting fees in accordance with District Policy.

Applicant understands that this is not an application for taps, but a determination of availability, and subject to all rules, regulations, fees and policies of the District thereafter. The Applicant will be notified of the outcome by mail.

By signing below, Applicant hereby acknowledges his or her understanding and acceptance of the items set forth in this REVIEW.

Signature of Applicant or Agent

Date