



# SUBDIVISION SERVICE REVIEW

APPLICANT NAME	DATE	<b>Office Use Only</b> Amount Paid: \$ Check # Date:	<b>Request #</b> or Cash Initials:
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MAILING ADDRESS	PHONE	FAX	E-MAIL ADDRESS
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CITY, STATE, ZIP CODE	PROPERTY/DEED OWNER'S NAME	COUNTY PARCEL ID # (if known)
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LOCATION OF PROPERTY OR NEAREST CROSS ROADS

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

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NUMBER OF TAPS REQUESTED	SIZE AND TYPE (check one)
	<input type="checkbox"/> 5/8" RESIDENTIAL (STANDARD) <input type="checkbox"/> COMMERCIAL - Domestic use meter size: _____ <input type="checkbox"/> 3/4" RESIDENTIAL (Residential + Accessory Dwelling) <b>For Commercial Fire Tap, See Below</b>

DESIGN ENGINEER (if known)

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

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ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION

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- 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 equivalent (TE) for 3 to 99 TE, \$4,000.00 for over 100 tap equivalents**

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.**

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Signature of Applicant or Agent

\_\_\_\_\_  
Date