



City of Golden

PUBLIC WORKS DEPARTMENT

1445 10th ST. GOLDEN, CO 80401
Phone 303-384-8151 Fax 303-384-8161

APPLICATION FOR WATER AND/OR SANITARY SEWER SERVICE

Applicant:		Phone Number:	
Applicant Street Address:	City:	State:	Zip Code:
Address of Property to be Served:		Subdivision:	
Proposed Use: <input type="checkbox"/> Res. Single Unit <input type="checkbox"/> Res. Multi-Unit (# of units _____) <input type="checkbox"/> Comm. <input type="checkbox"/> Irrigation Only			
If Res. Multi-Unit or Commercial: Impervious Area _____sf			
Water Tap Size: <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> Other			
Building Permit Number:			

SYSTEM DEVELOPMENT FEE CALCULATION

Installation: <input type="checkbox"/> Outside <input type="checkbox"/> Inside	Issued by: _____
Water Meter Size: _____	Date: _____
Water Fee: \$ _____	Comments: _____
Meter Installation Fee: \$ _____	_____
Other Fees: \$ _____	_____
Sewer Fee: \$ _____	_____
Credits: \$(_____)	_____
TOTAL FEES: \$ _____	_____

This Application is made subject to Ordinances of the City of Golden and applicable laws of the State of Colorado and specifically incorporates by reference Title 13 of the Golden Revised Ordinances of 1965, as amended, rules and regulations adopted by the City of Golden pursuant thereto. System Development fees were established according to Section 13.04.150.

I hereby guarantee that this service will be installed according to the City's current Engineering Standards. It is understood that the failure to do so may result in additional charges or disconnection of the meter. I hereby agree that the City of Golden has the full right and authority to abstain from issuing additional applications under my signature if this work does not meet said standards. It is also understood that the tap, the service line between the tap and the meter, and the meter must all be the same size, and that this portion of the service must be installed in a public right of way or easement.

Applicant/Contractor acknowledges receipt of attached Water & Sanitary Sewer Service Details and guarantees that construction will comply with details

Applicant's Signature: _____ Date: _____

**To schedule an inspection of the water and/or sewer service line call 303-384-8198.
Inspections require 24 hours minimum notice.**