

DELAWARE COUNTY SANITARY ENGINEER

COMMERCIAL TAP FEE APPLICATION FORM

This form must be **completed** and returned in order to process your sanitary tap fee. Each individual tap to our system must be calculated separately. You must submit an **11"x17" site plan** showing the planned connection to the sanitary sewer. The connection must have a **sampling pit**. Please contact us at 740-833-2240 if you have any questions.

Applicant's Contact Information:

Business Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

Email: _____

Owner's Information:
 (if different than above)

Business Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

Email: _____

Project Information:

Business Name: _____

Address: _____

If the project is in a subdivision, please enter the Subdivision and Lot Number. If it is not, please enter the Parcel ID number and Acreage

Subdivision/Parcel ID: _____

Lot Number/Acreage: _____

Business Type:

(If you have more than one business type in your building, check all of the applicable types and list the square footages for each type.)

Office

_____ Square Feet

Warehouse

_____ Square Feet

Mixed Retail

_____ Square Feet

Restaurant

_____ Square Feet

Clubhouse

_____ Square Feet

Is there a pool at the clubhouse?

Yes No

If yes, please list the **manufacturer's recommendation** for backwashing the pool filter. The pool will be backwashed _____ days a week for _____ minutes per backwash at _____ gallons per minute.

School

_____ Capacity of Students (contact our office for further information)

Church

_____ Seating Capacity

_____ Church Daycare Capacity (if applicable)

Other (please list below)

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Method of Calculation:

There are two main methods for calculation the tap/capacity fee. Please choose one of the following methods and attach the required information for the chosen method. If you are unable to submit one of the two methods, another method must be pre-approved by our office and explained in detail in an attached statement.

Water Usage

You must attach at least **12 months** of water use records from a similar facility. They must be copies of actual bills showing the usage or other correspondence from the water company showing the usage.

Name and Address of Business Used for Water Use:

_____ Total Building Square Footage for Submitted Project

_____ Total Building Square Footage for Submitted Project

Unit Fixture Value

You must attach 11"x17" plumbing plans showing both the stack and layout. Please also make sure that the legend for the fixtures is attached.

Other Method

If you are unable to submit one of the two above methods, another method must be pre-approved by our office and explained in detail in an attached statement.

We begin billing for the sanitary user fee the day after the tap is made. Please provide billing information.

BILLING INFORMATION

Same as the Applicant Contact Information listed on page one.

Same as the Owner Contact Information listed on page one.

Another Address (please list below)

Business Name: _____	Contact Name: _____
Address: _____	Phone Number: _____
_____	Email: _____
_____	_____

Please make sure you have all of the required information attached to this two page application. Any missing information may cause delay in the calculation of your sanitary tap/capacity fee. Please make sure you have attached an 11"x17" site plan showing the connection from the building to the mainline tap. This connection must have a **sampling pit**.

Applicant Signature: _____