

Monument, Colorado 80132 719-488-2525

CONSTRUCTION WATER USE PERMIT

****A COPY OF THIS PERMIT MUST BE KEPT WITH THE METER ASSEMBLY AT ALL TIMES****

<u>APPLICATION</u>		
Company Name: _		
Applicants Name: _		
Telephone No.:		-
E-Mail:		-
Billing Address:		-
-		
Project Name:		-
Project Address:		-
		_
Hydrant Location:		_
WWSD Hydrant No(s).:	icable to this/these hydrant(s)	-
Meter Equipment No.:		
time permit is issued. The hydrant(s) and meter equip	neter equipment and designated fire hydrant to be in good work Applicant is responsible for any damages and/or repairs to the oment. Any refund of the equipment deposit will be issued afte ned to the District and after any repairs to the equipment and/o	e designated fire er the meter
Signature of Applicant:		
Date:		

FEES AND DEPOSITS

To be paid prior to issuance of permit:						
Permit Fee:	\$	50.00				
Equipment Deposit: (REFUNDABLE)	\$	<u>4,500.00</u>	<u>)</u>			
Hydrant Deposit: (REFUNDABLE)	\$	<u>5,000.00</u>)			
Hydrant Deposit x2: (If applicable)	\$					
Total Deposit Receive	d \$					
Date:					Check #	
PERMIT APPROVAL	_				PERMIT DENIAL	
District Rep. Signature):				District Rep. Signature:	
Printed Name:					Printed Name:	
Date:					Date:	
USAGE FEES					Reason for Denial:	
*Use Fee: \$ 100.00 per month (non-prorated) (NON-REFUNDABLE)						
Start:	(9	jal)	Date:			
End:	(9	jal)	Date:			
TOTAL Usage:			(gal)		(1000gal)	
Non-Residential Water Rate: \$ (per 1000 gal)						
Usage Fee: \$ _						
Account Number:						
*Each month a fee of \$100.00 will be charged to the account at no proration. This is the weekly charge (\$25.00/week) for open permits whether water is <u>used or not.</u> Meter readings must be submitted by the 25 th of every month to the District's billing department. The District has the right to terminate the permit (at the District's sole discretion) if the meter readings are not submitted 5 days after the required submission date.						
PERMIT CLOSEOUT						
Equipment Returned/In	nspectio	on Date:			District Rep. Signature	
Hydrant Inspected Dat	te:				District Rep. Signature	
Deposit Refund Amou	nt:					
Deposit Refund Date:				-		