



TOWN OF BUENA VISTA
P.O. Box 2002
Buena Vista, CO 81211
Phone: 719-395-8643 / Fax: 719-395-8644

COMMERCIAL/MULTI-FAMILY WATER TAP APPLICATION

Building Site Physical Address: _____

New Construction

Remodel

Type occupancy (circle one): Commercial / Multi-family

Owner(s) Name: _____ Phone: _____

Mailing Address: _____

Applicant if not owner: _____ Phone: _____

Mailing Address: _____

The Owner of the property hereby applies for a water tap for the property identified by the physical address listed above. Owner certifies that the water tap is to serve the structure to be built in accordance with the attached building permit. The Owner has given permission for the applicant to apply for the water tap on the owner's behalf.

Owner requests that the water bill be sent to: _____ Owner _____ Applicant until the Owner notifies the Town otherwise. Owner understands that the Owner is ultimately responsible for all unpaid water bills, which are considered a lien on the property in accordance with Colorado law.

Owner's Signature

Applicant Signature, if not owner

Application Date: _____

Please fill-out the fixture count form on the reverse side to determine the size of the meter.

ONCE THE TAP HAS BEEN MADE BY THE TOWN YOU WILL RECEIVE A WATER BILL EVEN IF NO WATER HAS BEEN USED.

TOWN USE ONLY

System Improvement Fee: _____ Check: _____

Tap #: _____ Route: (1) Southwest ___ (2) Northeast ___ (3) Northwest ___ (4) Southeast ___

Tap Location: _____ Tap Size: _____

Water Service Size: _____ Service Length: _____ Meter Size: _____

Inspected By: _____ Tapping Date: _____

Comments: _____

FIXTURE COUNT

Physical Property Address : _____

Subdivision : _____ Lot # ____ Block# ____

Type of occupancy (circle one): Commercial /Multi-family

Fixture type	Value 60		# of Fixture		Fixture Value
Bathtub	8	x		=	
Bidet	2	x		=	
Dental Unit	2	x		=	
Drinking fountain	2	x		=	
Kitchen sink:	2.2	x		=	
Bathroom sink:	1.5	x		=	
Shower (without bathtub)	2.5	x		=	
Service Sink:	4	x		=	
Toilet	4	x		=	
Toilet	4	x		=	
Urinal:				=	
Pedestal flush	35	x		=	
Wall flush	16	x		=	
Dishwasher:	2	x		=	
Utility Sink	4	x		=	
Washing machine:	6	x			
Hose connection:				=	
1/2" connection	5	x		=	
5/8" connection	9	x		=	
3/4" connection	12	x		=	
				Total	

Irrigation: (per 100 sf)					
spray	1.16	x	(sf)	=	
rotary	0.4	x	(sf)	=	
				Total	

TOWN USE ONLY:

Total Demand: _____

Meter Size: _____

PW Signature: _____ Date: _____