



UTILITY CONNECTION FEES ESTIMATE FORM

Date: _____

Rec'd by: _____

FOR OFFICE USE ONLY

CONTACT INFORMATION:

Applicant Name: _____ Company Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

PROJECT INFORMATION Project Street #: _____ Street Name: _____ Garden City, ID 837 _____

Property Owner Information: _____ Phone: _____

Subdivision: _____ Lot: _____ Block: _____ Parcel #: _____

USE: Commercial Type Of Work: _____ Type of business: _____

If Restaurant please provide Square Footage area for all seating: Outdoor: _____ Bar: _____ Banquet: _____ Other: _____

Any additional information: _____

New Water Service Yes/No (If yes select(X) Meter Size): _____ 5/8" _____ 1" _____ 2" _____ 3" _____ 4" _____ 6"

Fire Suppression Service: 2" _____ 3" _____ 4" _____ 6" _____ 8" _____ Number of Hydrant (new only) _____

New Sewer Service: Yes/No

Fixtures:	Number of Existing	Number of New	Private <input checked="" type="checkbox"/>	Public <input checked="" type="checkbox"/>	Fixtures:	Number of Existing	Number of New	Private <input checked="" type="checkbox"/>	Public <input checked="" type="checkbox"/>
Bathtub or Combination Bath/Shower					Sinks/Laundry (with or without discharge from a clothes was)				
Clothes Washer, domestic, standpipe					Sinks/Service or Mop Basin 2"/3"				
Dental Unit, cuspidor					Sinks/Service, flushing rim 3"				
Dishwasher, domestic, with independent drain					Sinks/Special Purpose 1-1/2"				
Drinking Fountain or Watercooler					Sinks/Special Purpose 2"				
Floor Drain					Sinks/Special Purpose 3"				
Food-Waste-Grinder, commercial					Sinks/Wash, each set of faucets				
Lavatory, in sets of two or three					Urinal, integral trap 1.0 GPF2 or greater1.0 GPF				
Lavatory, single					Washfountain 1 1/2"				
Shower, single-head trap					Washfountain 2"				
Sinks/Bar Private					Water Closet, 1.6 GPF Gravity Tank/Flushometer Valve/Plus				
Sinks/Bar Public					Water Closet, greater than 1.6 GPF Gravity Tank/Flushometer Valve				
Sinks/Clinical					Water Closet,-PRIVATE 1.6 GPF Gravity Tank/Flushometer Valve				
Sinks/Commercial with food waste					Sinks/Laundry (with or without discharge from a clothes was)				
Sinks/Kitchen, domestic (with or without food-waste grinder a					Sinks/Service or Mop Basin 2"/3"				
					Sinks/Service, flushing rim 3"				

Applicant or Owner's Signature: _____ DATE: _____
(By signing this, I attest that all information is complete and accurate to the best of my knowledge)

