

# 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 our sanitary sewer. The connection must have a **sampling pit**. Please Contact us at 740-833-2240 if you have any questions.

**Applicants Contact Information:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Owners Contact Information:**  
 (if different than above)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Project Information:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the project is in a subdivision, please enter 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 recommendations** 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\
- .....
- 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 calculating 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. It must be copies of actual bills showing the usage or a fax of usage from the water company.

Name and Address of Business Used for Water use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Total Building Square  
Footage for Submitted Water Use

\_\_\_\_\_ Total Building Square  
Footage for Submitted Project

**Unit Fixture Value**

You must attach 11"x17" plumbing plans showing both the stack and layout. Please 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: \_\_\_\_\_

Please make sure you have all of the required information attached to this two page application. Any missing information may cause delay in 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:** \_\_\_\_\_