

INSTRUCTIONS

Please read carefully before returning the completed application to the WCWCD

- 1. All sections must be completed. If a section is not applicable, fill in with "N/A."
- 2. The city verification must be completed and signed by an authorized city representative.
- 3. A Subdivision Plat Impact Fee Application must be submitted for each multi-family subdivision denoting non-hardscape, limited common area size.
- 4. "Multi-Family developments are comprised of condominiums and townhomes with shared walls."
- 5. Please confirm impact fee amount with WCWCD staff prior to payment.
- 6. The city will withhold building permit or certificate of occupancy if payment funds are insufficient. Make the check payable to "WCWCD."

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533 E. Waterworks Dr. St. George, Utah 84770 (435) 673-3617 www.wcwcd.org

| MULTI-FAMILY BUILDING PERMIT IMPACT FEE APPLICATION AND RECEIPT | | | | |
|--|----|-------|----------|--|
| APPLICANT INFORMATION | | | | |
| Name | | | | |
| Address | | | | |
| City | | State | Zip code | |
| Telephone | | | | |
| Email | | | | |
| OWNER INFORMATION | | | | |
| Name | | | | |
| Address | | | | |
| City | | State | Zip code | |
| Telephone | | | | |
| UNIT INFORMATION | | | | |
| Address | | | | |
| City | | State | Zip code | |
| Subdivision | | | Phase | |
| Unit number(s) | | | | |
| Serial Number(| s) | | | |
| Unit size(s) | | | | |
| WCWCD certification is made based on information and representation given by applicant. Any false or misleading information may render this Certification null and void. | | | | |
| I hereby certify that the above-referenced information is true and correct. | | | | |
| APPLICANT'S AUTHORIZED SIGNATURE: | | | | |

| Subdivision Name | | Unit# | | |
|------------------------------------|---|--|--|--|
| | CITY VERI | FICATION | | |
| City or Toquery permit issuance | | ide secondary water for irrigation to this parcel at | | |
| City Authorized | l Signature: | | | |
| Meter information | number of 5/8 or 3/4" meters number of 1" meters number of 1.5" meters number of 2" meters number of meters larger than | number of 1" meters number of 1.5" meters | | |
| | check if meter(s) is serving more than one unit | | | |
| | size(s) of existing meter(s) if applicable | | | |
| Units | quantity | | | |
| | WCWCD CER | PTIEICA TION | | |
| This will certify | that the required impact fee has been p | | | |
| Potable Impact | | aid as follows. | | |
| | Common Area Impact Fee | | | |
| Potable Retail In | 1 | | | |
| TSWS Impact F | Fee | | | |
| Total Paid | | | | |
| Paid by | | | | |
| Check Number | | | | |
| Date paid | | | | |
| WCWCD AUTI | HORIZED SIGNATURE: | | | |