

FAUQUIER COUNTY WATER AND SANITATION AUTHORITY
7172 KENNEDY ROAD • WARRENTON, VA 20187
PHONE (540) 349-2092 • FAX (540) 347-7689
www.fcwsa.org



REQUEST FOR SERVICE AND BUILDING PERMIT RELEASE

Please complete the information below. Availability Fees etc. must be paid and/or submitted before the Building Permit will be released. Your Building Permit Release should be ready for pickup within 4 working days of your request. Please note that monthly Base Service Fees will be charged beginning upon payment and acceptance of Availability Fees. Continued availability of service is expressly subject to payment of the Base Service Fees.

APPLICATION DATE: _____

APPLICANT (OWNER OR REP.): _____

BILLING ADDRESS: _____

CONTACT PERSON: _____

WORK/DAYTIME PHONE: _____

HOME/EVENING PHONE: _____

SERVICE REQUESTED (WATER/SEWER/BOTH): _____

WATER METER SIZE (5/8"x3/4", Full 3/4", 1", 1.5", 2", 3", 4"): _____

**See FCWSA Approved Materials list for approved meters.*

PROPERTY USE (RESIDENTIAL/COMMERCIAL): _____

PARCEL IDENTIFICATION NUMBER: _____

SUBDIVISION NAME: _____

SECTION/PHASE: _____

LOT NUMBER: _____

I/we am/are the owner(s)/representative(s) of the property(ies) described in this application and attached deed(s). I/we have been afforded the opportunity to read the Authority's Rules and Regulations and hereby agree to follow them as they now exist or may be hereafter amended.

Print Name of OWNER/REPRESENTATIVE

Signature of OWNER/REPRESENTATIVE

Print Name of OWNER/REPRESENTATIVE

Signature of OWNER/REPRESENTATIVE

******* TO BE COMPLETED BY THE AUTHORITY *******

METER SIZE ASSIGNED: _____

EMU(s) ASSIGNED: _____

AVAILABILITY FEES PAID: _____ RECEIPT #: _____

INSPECTION FEES PAID: _____ RECEIPT #: _____

BASE SERVICE FEES PAID: _____ ACCOUNT #: _____

Engineering Technician / Developer Services

Director of Finance

Date:

Date:



Fauquier County Water & Sanitation Authority

Building 4176 Bludau Drive, Vint Hill

Warrenton, VA 20187-1646

Telephone: (540) 349-2092

Fax: (540) 347-7689

Worksheet for Residential Water Meter Sizing

Subdivision Name / Lot # : _____

Customer / Builder Name : _____

Property Address : _____

| Fixture | Unit Fixture Value | Number of Fixtures | Fixture Value |
|--|---------------------|--------------------|-------------------|
| Bathtub | 8.0 | | 0 |
| Shower Head (Shower Only) | 2.5 | | 0 |
| Toilet, Tank Type | 4.0 | | 0 |
| Bathroom Sink (Lavatory) | 1.5 | | 0 |
| Kitchen Sink | 2.2 | | 0 |
| Wash Sink | 4.0 | | 0 |
| Dishwasher | 2.0 | | 0 |
| Washing Machine | 6.0 | | 0 |
| Hose Connection | 5.0 | | 0 |
| Other (Assign Unit Fixture Value) | | | 0 |
| COMBINED FIXTURE VALUE | | | 0 |
| Peak Domestic Demand | | | 0 gpm |
| Dedicated Irrigation Demand | Irrigated Area (SF) | Zones | Irrigation Demand |
| | | | 0 gpm |
| TOTAL FIXED DEMAND (Domestic plus Irrigation) | | | 0 gpm |
| REQUIRED WATER METER SIZE | | | |