



## 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"): \_\_\_\_\_

*\*Use FCWSA Fixture Count Worksheet to calculate meter size. 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
<b>COMBINED FIXTURE VALUE</b>			<b>0</b>
<b>Peak Domestic Demand</b>			<b>0 gpm</b>
<b>Dedicated Irrigation Demand</b>	Irrigated Area (SF)	Zones	Irrigation Demand
			<b>0 gpm</b>
<b>TOTAL FIXED DEMAND (Domestic plus Irrigation)</b>			<b>0 gpm</b>

**REQUIRED WATER METER SIZE**