

SEWER CAPACITY FEE WORKSHEET

Business Name: _____ Address: _____

1. Please indicate the number of new and existing plumbing fixtures in the appropriate boxes below.
2. Also, the number of holidays being closed, the number of days the business is open in a week, and how many hours open during the day.
3. If no plumbing fixtures are being installed, signify at the bottom of the form and sign.
4. Sign and date.

<u>VALUES</u>	<u>Number</u>
New DFU / Unit	
Lavatories	
Water Closets	
Urinal	
Water Softener	
Hand Sink	
Dishwasher	
Bar Sink	
Clothes Washer	
Kitchen Sink	
Shower	
Drinking Fountain	
Mop/Svce-Sk/Tr Dr	
Hose Bibb	
Laundry Sink	
Floor Drain/Sinks	
Swimming pool	
Hot tub/whirl pool	
Other	

<u>VALUES</u>	<u>Number</u>
Existing DFU / Unit	
Lavatories	
Water Closets	
Urinal	
Water Softener	
Hand Sink	
Dishwasher	
Bar Sink	
Clothes Washer	
Kitchen Sink	
Shower	
Drinking Fountain	
Mop/Svce Sk/Tr Dr	
Hose Bibb	
Laundry Sink	
Floor Drain/Sinks	
Swimming pool	
Hot tub	
Other	

STATE THE # OF HOLIDAYS CLOSED EACH YEAR.

Holidays	
Days / Wk	
Hrs / Day	

THESE FIELDS REQUIRED TO BE FILLED IN

*No plumbing fixtures are being installed. Initial _____

Signature below indicates all information provided for on this form is accurate.

Name _____ Date _____