

IMPACT FEE FIXTURE VALUE WORKSHEET FOR SINGLE FAMILY RESIDENTIAL AND CONDO UNITS

This form must be filled out completely in order to be processed correctly

NAME: _____ LOCATION ADDRESS: _____
 PHONE #: _____
 METER SIZE: _____ DRIVING DIRECTIONS _____
 PARCEL #: _____
 CONTRACTOR NAME: _____

FIXTURES	FIXTURE VALUE	QUANTITY	Total Fixture Unit Per ERC (fixture value x quantity)
Bathtub/Shower	8		
Lavatory/Bathroom sinks	4		
Toilet(s)	35		
Bidet	3		
Urinal	35		
Kitchen Sink	3		
Dishwasher	10		
Washing Machine	25		
Laundry Sink	7		
Mop Sink (each set of faucets)	4		
Service Sink (Wet Bar/Hand Sink)	3		
Ice Machine	2		
Drinking Fountain	2		
RV or Trailer Space	12		
Ice Maker (in refrigerator)	2		
Shower (Outside)	4		
Exterior Hose Connection	12		
RV or Travel Trailer Space (without sewer)	6		
(1) ERC = 220 Total Fixture Unit	TOTALS		

Kitchen(s) _____ Bathroom(s) _____
 Bedroom(s) _____

	ERC	Impact Fee Per ERC
WATER () / 220 = x X 2,863.47	(total fixture unit) / 220	
SEWER () / 220 = x X 4,467.00	(total fixture unit) / 220	

* Minimum ERC is 1. All ERC's are calculated to the nearest .25 over 1 ERC.

Signing of this form is implying that all fixture counts are true and correct. Failure to list all fixtures will result in penalty under perjury by law. Regional Utilities will report any fraudulent misrepresentation of these fixtures to the Division of Business and Professional Regulations against your contractors license. This fixture count will be verified based on the permit plans provided and will be field verified during construction.

Signature of Applicant _____