

**REGIONAL UTILITIES IMPACT FEE FIXTURE VALUE WORKSHEET FOR SINGLE FAMILY RESIDENCE
A SEPARATE SHEET IS REQUIRED FOR MAIN AND CARRIAGE/GUEST HOUSE.**

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

PROPERTY OWNER: _____ CONTRACTOR NAME: _____

PARCEL # _____ PHONE _____

LOCATION ADDRESS: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

PLEASE SELECT ALL APPLICABLE (PROVIDE DEMOLITION PERMIT IF APPLICABLE):

NEW CONSTRUCTION: _____ ADDITION: _____ RENOVATION: _____ DEMOLITION: _____

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 (Default Value at One)	12	1	12
RV or Travel Trailer Space (without sewer)	6		
(1) ERC = 220 Total Fixture Unit	TOTAL		

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

	ERC	Impact Fee Per ERC	TOTAL FEE
WATER (_____) / 220 (total fixture unit) / 220	X	\$3,092.66	_____
SEWER (_____) / 220 (total fixture unit) / 220	X	\$4,824.54	_____

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

WATER METER SIZE (CHECK ONE)	
5/8"	
1"	
OTHER	

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

**BUILDING PLANS WILL BE DISCARDED IF NOT RETRIEVED WITHIN SIX MONTHS OF REVIEW AND NOTIFICATION
RETURN THIS COMPLETED FORM TO REGIONAL UTILITIES ALONG WITH A SIGNED, SEALED SET OF BUILDING PLANS**

Printed Name _____ Signature of Applicant _____ Date: _____