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

DDODEDTY OWNED				
PROPERTY OWNER:CONTRAC	CONTRACTOR NAME:			
PARCEL #	PHONE			
LOCATION ADDRESS:				
CONTACT:PHONE:	EMAIL:			
PLEASE SELECT ALL APPLICABLE (PROVIDE DEMOLITION PERMIT IF APPLICABLE):				
NEW CONSTRUCTION: MAIN GUEST ADDITION:				
FIXTURES	FIXTURE VALUE	QUANTITY	ANTITY Total Fixture Unit Per ERC (fixture value x quantity)	
Bathtub/Shower	8			
Lavatory/Bathroom sinks	4			
Toilet(s)	35			
Bidet	3			
Urinal	35			
Sink (kitchen, wet bar, hand sink)	3			
Dishwasher	10			
Washing Machine	25			
Laundry Sink / Dog Wash	7			
Wet Sauna	2			
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	TO	TAL		
Kitchen(s) Bathroom(s) Bedroom(s)				
ERC Impact	Fee Per ERC TOTAL FEE		WATER METE	R SIZE (CHECK ONE)
	ree rei LNO	TOTALTEL	5/8"	
WATER () / 220 X (total fixture unit)/ 220	\$3,092.66			
SEWER ()/220	\$4,824.54		1"	
* Minimum ERC is 1. All ERC's are calculated to the nearest .25 over 1 ERC.	¥ 1,0= 110 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 Acceptance of plans/form for review does not confirm availability of water and/or sewer service RETURN THIS COMPLETED FORM TO engplanreview@regionalutilities.net ALONG WITH AN ELECTRONICALLY SIGNED SET OF BUILDING PLANS				
ACTORN THIS COMPLETED FORM TO engplanreview@regionalutilities.net AL	ONG WITH AN EI	LECTRUNICALLY	I SIGNED SEI	OF BUILDING PLANS

Printed Name_____Signature of Applicant_____

_Date:____