



P. O. Box 3077
Winter Park, CO 80482-3077
970.726.5583 Phone
970.726.5636 Fax

CONNECTION PERMIT

DATE: _____

NAME: _____

BILLING ADDRESS: _____

PHYSICAL ADDRESS: _____

TAPS TO BE PURCHASED: WATER_____ SEWER_____

NO. OF SFE'S PER TAP: WATER_____ SEWER_____

TYPE OF STRUCTURE: Single Family Home_____ Multi Family Home_____

 Commercial_____ Lodging_____ Other_____

DRAWING OF STRUCTURE PROVIDED: YES_____ NO_____

DRAWING OF LOT PROVIDED: YES_____ NO_____

HAVE THE FOLLOWING BEEN NOTIFIED (IF APPLICABLE):

 TOWN OF WINTER PARK: YES_____ NO_____

 GRAND COUNTY YES_____ NO_____

 FIRE DEPARTMENT YES_____ NO_____

SIZE OF PRIVATE WATER LINE _____ SIZE OF PRIVATE SEWER LINE _____

DATE & TIME OF PHYSICAL TAP: _____

TOTAL FEE ACCORDING TO DRAWINGS: _____

FEE PAID: YES_____ NO_____ CHECK NO. _____ DATE _____

I have read and will comply with the Rules and Regulations and the Engineering Standards of the Grand County Water & Sanitation District #1.

Signature of Owner

Signature of GCWSD#1 Representative