



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 _____
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 _____

BACKFLOW PREVENTION AND CROSS-CONNECTION CONTROL:

IS THE STRUCTURE ANY OF THE FOLLOWING: YES _____ NO _____
(i) A single living unit that is supplied by its own separate service line; or
(ii) Multiple living units where each individual living unit is supplied by a separate service line; or
(iii) Two separate single living units supplied by a common service line.

If YES, please sign and submit this form to the District.

If NO, please provide the following information:

Does the structure have backflow prevention: YES _____ NO _____

Identification of the backflow assembly or method to control a cross-connection:

Date of installation: _____ Installed by: _____
Date tested: _____ Tested by: _____

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

Signature of Owner

Signature of GCWSD#1 Representative