

Colchester Fire District No. 1
APPLICATION for WATER ALLOCATION

Items marked with an asterisk (*) must be filled in by the applicants, who must return the completed form with a fee of \$100 to: **Colchester Fire District No. 1 ~ 321 Winooski Park ~ Colchester, Vt. 05439.**

*** Applicant Information**

Applicant: _____
Contact Person: _____
Mailing Address: _____
Telephone & Fax for Contact: _____
Property Owner Name (if not applicant): _____
Property Owner Mailing Address: _____

*** Physical location of project:** _____

*** Signature of Applicant**

*** Project Information**

If the project is a single-family home, please check one: ___ New, or ___ Existing.
(For existing homes, no Application is required if the project demand is less than 300 gpd.)

If not single-family home, give project name: _____

*** Application or Permit Numbers:** (from Town of Colchester Planning & Zoning Department)

___ - ___ - ___ (to be entered as obtained in the review process)
___ - ___ - ___
___ - ___ - ___

Engineer's Information for flows over 1,000 gpd

Name of Engineer: _____
Firm: _____
Mailing Address: _____
Phone & Fax: _____
PE License #: _____

*** Flow Calculations**

(You may substitute an engineer's calculation or letter containing the information requested below and on the top half of the other side.)

1. For additional bedrooms in single-family homes:

Number of existing bedrooms: _____
Number of additional bedrooms requested: _____

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2. For other residential projects, list number of bedrooms and units requested:

| Number of bedrooms | x | Number of units | x | Gallons per day per unit | = Total flows |
|--------------------|---|-----------------|---|--------------------------|---------------|
| 1 | | | | 150 | |
| 2 | | | | 300 | |
| 3 | | | | 450 | |
| 4 | | | | 600 | |
| 5 | | | | 750 | |
| 6+ (specify) | | | | | |
| TOTAL | | | | | |

3. For commercial and industrial projects, list existing and proposed tenants, uses & flows:

| Tenant / Business | Type of use | Number of seats, SF, etc. | x | Flow per unit | Other Adjustments | Total flow |
|-------------------|-------------|---------------------------|---|---------------|-------------------|------------|
| | | | | | | |
| TOTAL | | | | | | |

*** Total development water flow requested: _____ gallons per day**

Please do not write below this line

APPROVALS by CFD No. 1 Water Department

Confirmation of available water capacity received by CFD No. 1: _____ (date)

Preliminary Allocation approved: _____ date _____ (signature) CFD No. 1 Manager or Clerk
A Preliminary Allocation expires three (3) years from the date of approval.

Final Allocation approved: _____ date _____ (signature) CFD No. 1 Manager or Clerk
*After obtaining Town of Colchester's planning permit(s) [# ____-____-____], submit the above Preliminary Allocation to CFD for approval of a Final Allocation for the same amount of capacity. This Final Allocation **expires** on: _____. One must present a valid Final Allocation when applying to CFD 1 for a Service Connection.*

For Extensions of Final Allocation Only

Extension of Final Allocation granted until: _____ (new date of expiration)

 Manager or Clerk

 date

May 08:WAform