



WATER AVAILABILITY CERTIFICATE

This certificate provides the Department of Community Development with information necessary to evaluate development proposals.

Contact Info	
_____	_____
Number	Name

- Building Permit
- Preliminary Plat or PUD
- Short Subdivision
- Rezone or other

APPLICANTS NAME:

PROPOSED USE:

LOCATION:

Tax Lot #

(Attach map & legal description if necessary)

WATER PURVEYOR INFORMATION:

- 1 A. Water service will be provided by service connection only to an existing _____ size water main _____ the site.
OR
- B. Water service will require an improvement to the water system of:
 - (1) _____ feet of water main to reach the water system of;
 - (2) the construction of a distribution system on the site; and/or
 - (3) other-see attached description
- 2 A. The water system improvement is in conformance with a District approved water comprehensive plan.
OR
- B. The water system improvement will require a water comprehensive plan amendment.
- 3 A. The proposed project is within the corporate limits of the district, or has been granted Boundary Review Board approval for extension of service outside the district or city.
OR
- B. Annexation or BRB approval will be necessary to provide service.
- 4 A. Water is/or will be available at the rate of flow and duration indicated below at no less than 20psi measured at the nearest fire hydrant **150+/-** feet from the building/property (or as marked on the attached map):

Rate of Flow

- less than 500 gpm (approx. gpm)
- 500 to 999 gpm
- 1,000 gpm or more
- flow test of gpm
- A. calculation of gpm
(Commercial Building Permits require flow test or calculation)

Duration

- less than 1 hour
- 1 hour to 2 hours
- 2 hours or more
- other

OR

Water application required for all

- B. Water system isn't capable of providing fire flow.

COMMENTS/CONDITIONS _____

I hereby certify that the above water agency information is true. This certification shall be valid for one year from the date of signature.

Coal Creek Utility District
Agency Name

Patrick Martin
Signatory Name (Print)

Operations Manager
Title

Signature Date

Note: All conditions subject to change