



MOUNTAIN REGIONAL WATER  
SPECIAL SERVICE DISTRICT

# Plan Review Request for Impact Fee- Commercial

Account #: \_\_\_\_\_ Date: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

Customer or Property Owners Name \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Meter Size Requesting:      3/4"          1"          1-1/2"          2"          3"

**All Commerical properties are required to install a Testable Backflow Assembly  
(annual test reports are a requirement)**

Type of Business: \_\_\_\_\_

Capacity, Seating or Occupancy Limit: \_\_\_\_\_

Number of Employee(s) / Staff: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Irrigation Landscape Area (acres): \_\_\_\_\_

**\*\* Plan Review Fee is \$100 per Review and per Revision\*\*  
including change(s) of data or incomplete data  
(this will be a line item on the impact fee worksheet)**

Architect Signature: \_\_\_\_\_ Certification # \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Terms of Agreement: Applicant agrees to pay the water service fees and other charges imposed for water delivered to the Customer and to comply with the Uniform Rules and Regulations for the Distribution of Water for Mountain Regional Water Special Service District as they now exist or as they are amended in the future.*