



UTILITY TAP ORDER

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_
Location: \_\_\_\_\_ Subdivision & Filing: \_\_\_\_\_
Owner/Developer: \_\_\_\_\_
Address: \_\_\_\_\_
Contractor: \_\_\_\_\_
Contractor Signature: \_\_\_\_\_
Phone: \_\_\_\_\_

WATER TAPS

(Place a check mark in the box next to the type of Tap request)

Commercial: Tap Size: \_\_\_\_\_ How Many: \_\_\_\_\_
Fireline: Tap Size: \_\_\_\_\_ How Many: \_\_\_\_\_
Industrial: Tap Size: \_\_\_\_\_ How Many: \_\_\_\_\_
Irrigation: Potable Tap Size: \_\_\_\_\_ How Many: \_\_\_\_\_
Irrigation: Reuse Tap Size: \_\_\_\_\_ How Many: \_\_\_\_\_
Multi-Family: Tap Size: \_\_\_\_\_ How Many: \_\_\_\_\_
Single-Family: Tap Size: \_\_\_\_\_ How Many: \_\_\_\_\_
Other: Tap Size: \_\_\_\_\_ How Many: \_\_\_\_\_

Please Explain:



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SEWER TAPS

(Place a check mark in the box next to the type of Tap request)

- 4" Sewer Tap How Many:
6" Sewer Tap How Many:
8" Sewer Tap How Many:

STREET CUT? YES NO

If yes to Street Cut, a Public/Private Improvement Permit for street cut is required? (Attach if required)

PLEASE BRING OR FAX THIS FORM TO THE CITY AND COUNTY OF BROOMFIELD, ENGINEERING DEPARTMENT, ONE DESCOMBES DRIVE, BROOMFIELD, CO 80020, FAX NUMBER 303-438-6297. ALLOW AT LEAST 5 WORKING DAYS FOR PROCESSING. THE CITY WILL CALL YOU WHEN THE TAP ORDER IS READY.

AFTER YOU HAVE BEEN NOTIFIED OF APPROVAL, PLEASE CALL THE CITY AND COUNTY OF BROOMFIELD ENGINEERING INSPECTION DEPARTMENT AT 303-438-6378 AT LEAST 72 HOURS IN ADVANCE TO SCHEDULE A PRE-TAPPING MEETING.

This Tap Order is to authorize the actual connection to a City sanitary sewer or water line and DOES NOT include the cost of the license and fees required to receive sewer or water service.

(City use only)

Certificate of Tapability Approved: Inspector:

Total Number of Taps:

Table with 3 columns: Water Taps (Qty), Size, Fee. Rows include 1 1/2", 1 1/4", 1", 2", 3", 3/4", 4", 6", and 8" sizes.

SUBTOTAL WATER TAP FEE:

Table with 3 columns: Sewer Taps (Qty), Size, Fee. Rows include 4", 6", and 8" sizes.

SUBTOTAL SEWER TAP FEE:

TOTAL FEE: Date Paid:

