

**UTILITY AGREEMENT ALLOCATION REQUEST
TOWN OF FUQUAY-VARINA, N.C.**

The Town of Fuquay-Varina, in an effort to manage and maintain the sewer and water capacity for the Town, requires that this application be completed and submitted to the Town for consideration of a utility allocation.

Please answer all questions, failure to complete this form will cause a delay in processing.

Street address of parcel (if applicable) _____

Wake County PIN _____

Project Acreage _____

Project Name _____

Project Location

Applicant Information:

Address of Applicant (person or company applying for utility)

Telephone Number _____

Fax Number _____

Name of Contact Person _____

Owner Information:

Legal name of property owner(s)

If incorporated, include seal on application

(SEAL)

Address of Owner

Telephone Number _____

Fax Number _____

Sewer Allocation:

Proposed use _____

Number of units _____ SF _____ MF _____

Non-residential sq. ft. _____

Total Allocation requested _____ (provide on a separate sheet a list of each phase with number of units proposed, gpd for each phase (using 75 gpd per bedroom). Use 120 gpd per 1000 sq ft for non-residential.

Water Allocation:

Proposed Use _____

Number of units _____ SF _____ MF _____

Non-residential sq. ft. _____

Total Allocation requested _____ (provide on a separate sheet a list of each phase with number of units proposed, gpd for each phase.

Developer/Property Owner

by _____
Signature

Attach a time schedule identifying the “take down” for units for the total project to “build-out”. This information should be detailed in month and year and needs to correspond to phases on the proposed plan.

Town of Fuquay-Varina Office Use Only

Sewer tap _____ Residential _____
Water tap _____ Non-residential _____
Preliminary Subdivision _____
Site Plan _____
Inside Town Limits _____ ETJ _____ USA _____
Flow to: Terrible Creek WWTP _____
Kenneth Creek WWTP _____
Available Capacity _____
Annexation required? _____ Yes _____ No
_____ Contiguous _____ Noncontiguous
Town Board action: Approved Allocation _____
Date of Approval _____

ATTEST

Town Clerk

Town Manager

SEAL