# SOUTHWEST FANNIN SPECIAL UTILITY DISTRICT (THE DISTRICT)

# NON-STANDARD SERVICE APPLICATION

| Date:                          |                              |   |
|--------------------------------|------------------------------|---|
| NAME OF DEVELOPME              | NT AND PHASE:                |   |
|                                |                              | Lot Size:   |
| Meter Size (Standard or C      | Other):                      |   |
| NAME OF APPLICANT/D            | DEVELOPER:                   |   |
| Name & Title of Person C       | ompleting Application:       |   |
| Mailing Address:               |                              |   |
|                                |                              | E-mail:   |
| NAME OF CURRENT PR             |                              |   |
|                                |                              |   |
|                                |                              | E-mail:   |
| NAME OF ENGINEERIN             | G FIRM:                      |   |
|                                |                              |   |
|                                |                              |   |
|                                |                              | E-mail:   |
|                                |                              |   |
| PROPERTY ADDRESS:              |                              |   |
| CAD LISTING (write the Co      | unty and Property ID Number  | ):  |
| DEED REFLECTING CU             | RRENT OWNERSHIP (            | write deed filing information <u>or</u> attach copy of <u>filed</u> deed):            |
| VolumePage                     | eInstrument                  | No  |
| Grantor/Grantee/Date of [      | Deed:                        |   |
| Residential Subdivisi          |                              | evelopment: (attach additional sheets if necessary)<br>Manufactured Home Park RV Park |
|                                |                              |   |
| SPECIAL SERVICE NEE required): | DS (irrigation, fire flow, e | etc. – if fire flow needed please state flow and pressure                             |

# ADDITIONAL INFORMATION REQUIRED TO DETERMINE LEVEL AND MANNER OF SERVICE:

| 1. | Is the property located in the corporate limits or ETJ of a municipality? | Yes 📃 No 📃 |
|----|---|------------|
|    | Provide the name/specify city and if in city limits or ETJ:               |            |

Yes No 2. Are additional phases planned for this development? If yes, please explain:

### **ATTACHMENTS:**

| One (1) paper copy and 1 electronic PDF copy of the preliminary plat signed and sealed by a licensed surveyor or registered professional engineer         |
|---|
| One (1) paper copy or 1 electronic PDF copy of the location map of the proposed development   |
| <br>Copy of filed deed showing ownership (ex: Special Warranty Deed with Vendor's Lien, General Warranty Deeds, etc.; Deed of Trusts are not acceptable). |
| A proposed calendar of the design, plat approval, construction phasing and initial occupancy  |
| A projected schedule of the build-out and of associated water demand during the build-out   |
| For development in phases, a map depicting the currently estimated location of each phase   |
| Letter from the County/City stating fire protection requirements  |
| Copy of irrigation plans  |
| <br>For development in phases, the Applicant must specify the level and manner of service and estimated time frame for each phase                         |
| A copy of any previous nonstandard service requests or contracts relating to early phases of  |

A copy of any previous nonstandard service requests or contracts relating to early phases of the Development, including any correspondence or other relevant documents

All information provided to the District under an application for non-standard service shall be considered public information and will be made available for inspection and copying. Any person who submits information under such an application consents to the inspection and copying of that information.

This application must be completed by the Applicant only. The District will take no action related to the above-described development until this application is complete. <u>A signed application will be considered</u> complete only after the District has received all required attachments. including (1) all of the additional information required to determine the level and manner of service for the proposed development and (2) a valid check for the Service Investigation Fee in the appropriate amount (See <u>Fee Schedule</u>). This fee covers all administrative, legal and engineering costs associated with an investigation of the District's ability to provide service to the applicant's project. Additional costs may be deemed necessary by the District appropriate to the size and scope of the project.

# Fee Schedule (Single Family Equivalencies – SFE)

| 1. | 1 – 25 SFE Units   | \$1500.00                               |
|----|--------------------|---|
| 2. | 26 – 250 SFE Units | \$2500.00                               |
| 3. | 251 + SFE Units    | \$2500.00 + \$10.00 per additional unit |

(Note: An SFE Unit will receive service from a standard 5/8"x3/4" meter)

Please be advised the hydraulic analysis performed by the District's Engineer will only be good for six (6) months from the date of the Engineer's approval letter.

By signing this application, you acknowledge that this document is <u>only</u> an application and payment is only for the Service Investigation Fee. The District will prepare a Non-standard Service Contract to be executed by the District, Developer and Owner (if not the same persons or entities), and additional fees will be required.

I CERTIFY, AS THE APPLICANT OR AS AN AUTHORIZED REPRESENTATIVE ON BEHALF OF THE APPLICANT, THAT THE FOREGOING REPRESENTATIONS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

SIGNATURE:\_\_\_\_\_

TITLE: \_\_\_\_\_

#### FOR DISTRICT USE ONLY

| SIGNED APPLICATION RECEIVED BY DISTRICT on |                | 20, by |
|--|----------------|--------|
| SERVICE INVESTIGATION FEE:                 |                |        |
| Amount:                                    | Check #:       |        |
| Date Paid:                                 | Received By:   |        |
| Map Sheet #:                               | Between Nodes: |        |
| LIST MISSING ATTACHMENTS:                  | Date Received: | By:    |
|  | Date Received: | Bv:    |
|  | Date Received: | By:    |
|  | Date Received: | Ву:    |
| COMMENTS:                                  |                |        |
|  |                |        |
|  |                |        |