PUBLIC WORKS DEPARTMENT

130 6TH STREET WEST
COLUMBIA FALLS MT. 59912

PHONE: (406) 892-4430
FAX: (406) 892-4413

City of Columbia Falls Application for Water and/or Sewer Connection

Complete this worksheet with your Building Permit Application. It will be used to determine water/sewer service level required for your proposed structure(s) and associated plant investment, connection and inspection fees. Submittal of this form does not constitute authorization to connect to city services. Following acceptable review of the information submitted herein, a permit will be issued by the City to the property owner. You are not permitted to proceed with the work until the permit has been issued by the City of Columbia Falls. Failure to complete this form in its entirety may delay your application.

Service Address:	
Property Owner's Name:	
Property Owner's Phone Number:	
Property Owner's Mailing Address:	
Property Owner's Email Address:	
Contractor Company Name:	
MT State Contractor's License Number:	
Columbia Falls Business License Number:	
Contractor Contact Name:	
Contractor Contact Phone Number:	
Contractor Contact Email Address:	

Type of Building or Structure:	Single Family Residence
New Construction or Remodel?	New Construction
Quantity of Meters Requested?	
Requesting Connection to city service for?	Both Water and Sewer Service
Previously connected to City water/sewer at service address?	☐ Water ☐ Sewer
Proposed length of service line(s) from curb stop to connection @ structure?	☐ Feet
Type of heat system(s) existing and/or proposed on premises?	
Irrigation system proposed?	Yes
Separate irrigation service line proposed? (Seperate line to main in street)	Yes
Completed Page 2 of this form?	Yes

Owner's Statement

Application is hereby made to connect to the City of Columbia Falls Public Water and/or Sewer System at the location indicated above. I am the owner of the subject property or am a duly authorized representative of the property owner. I understand that submittal of this form alone does not constitute authorization to connect to city services. I understand that I am not permitted to proceed with the work prior to receiving a Water & Sewer Permit from the City of Columbia Falls.

Name (Print)

Signature **Date**

City of Columbia Falls Application for Water and/or Sewer Connection

Indicate the quantity of each type of fixture to be on the premises. If you are constructing an accessory structure and connecting to an existing water service line, fixture counts shall include the existing structure(s). Please indicate if any fixtures are located outside of the main structure in the note column.

Fixture	Quantity	Note	WSFU
Bathtub or Combination Bath/Shower			
Shower, per head (do not count here if counted as bath/shower combo)			
3⁄4 inch Bathtub Fill Valve (note that this is an uncommon fixture)			
Bidet			
Clothes Washer			
Dental Unit, cuspidor			
Dishwasher, domestic			
Drinking Fountain or Water Cooler			
Exterior Hose Bibb			
Lawn Sprinkler, each head			
Sinks			
Bar			
Clinic Faucet			
Clinic Flushometer Valve with or without faucet			
Kitchen, domestic with or without dishwasher			
Laundry			
Service or Mop Basin			
Washup, each set of faucets			
Lavatory (Bathroom Sink)			
Urinal, 1.0 GPF Flushometer Valve			
Urinal, greater than 1.0 GPF Flushometer Valve			
Urinal, flush tank			
Urinal, hybrid			
Wash Fountain, circular spray			
Toilet, 1.6 GPF Gravity Tank			
Toilet, 1.6 GPF Flushometer Tank			
Toilet, 1.6 GPF Flushometer Valve			
Toilet, greater than 1.6 GPF Gravity Tank			
Toilet, greater than 1.6 GPF Flushometer Valve			

City of Columbia Falls Use Only			
Property Type:			
Total Fixture Units:			WSFU
Water/Sewer Permit Number:			
Excavation Permit Number or N/A:			
WSFU Calculated By:		Date:	