



INSTRUCTIONS

Please read carefully before returning the completed form to the District

1. All sections must be filled in. If a section is not applicable, fill in with "N/A."
2. The City verification must be completed. Only City authorized signatures are accepted.
3. The original document must be presented to the City.
4. Relevant information concerning the legal description, lot serial number and square foot measurements of common areas may be found on the Washington County web page.
5. A compact disc in .pdf format of the plot/landscaping plans showing the sf of the non-hardscape and irrigated areas, in final form as submitted to the City, must accompany this form.
6. Please confirm with District staff that the impact fee amount is correct before writing the check.
7. If a check bounces, the City will red tag the building.
8. Make the check payable to "WCWCD."



533 East Waterworks Dr.
St. George, Utah 84770
(435) 673-3617
www.wcwcd.org

APARTMENT BUILDING PERMIT IMPACT FEE APPLICATION FORM AND RECEIPT

APPLICANT INFORMATION

Name				
Address		City	State	Zip
Telephone				
Email				

OWNER INFORMATION

Name				
Address		City	State	Zip
Telephone				

LOT INFORMATION

Address	City	State	Zip
Subdivision/Apartment Name			Phase
Legal description	Section	Township	Range
Other legal description			
Serial Number			
Non-Hardscape sf Area			

I hereby certify that the above-referenced information is true and correct.

Certification is made based on information and representation given by applicant. Any false or misleading information may render this Final Certification null and void

APPLICANT'S AUTHORIZED SIGNATURE:

CITY VERIFICATION

This will verify that the City is prepared to issue a building permit for construction of an apartment complex on the lot described above that is

_____ number of units	_____ number of 3/4" or 5/8" meters
	_____ number of 1" meters
_____ sf of non-hardscape	_____ number of 1.5" meters
	_____ number of 2" meters
	_____ existing meter(s) size _____

CITY AUTHORIZED SIGNATURE:

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Subdivision/Apartment Name _____

WCWCD CERTIFICATION

This will certify that the required impact fee has been paid as follows:

Amount paid	
Paid by	
Check Number	
Date paid	

WCWCD AUTHORIZED SIGNATURE: