



## **INSTRUCTIONS**

*Please read carefully before returning the completed to the WCWCD*

### **Multi-Family Dwellings and Vacation Rentals**

1. All sections must be completed and signed by the engineer. If a section is not applicable, fill in with "N/A."
2. Townhomes and condos must be shared walls to qualify for the multi-family fee.
3. Please confirm impact fee amount with WCWCD staff prior to payment.
4. Make checks payable to "WCWCD."



533 East Waterworks Dr.  
St. George, Utah 84770  
(435) 673-3617  
[www.wcwcd.org](http://www.wcwcd.org)

<b>SUBDIVISION PLAT IMPACT FEE APPLICATION AND RECEIPT</b>			
<b>ENGINEER INFORMATION</b>			
Name			
Address			
City	State	Zip code	
Telephone			
Email			
<b>OWNER INFORMATION</b>			
Name			
Address			
City	State	Zip code	
Telephone			
<b>PLAT INFORMATION</b>			
Name of Subdivision			
Parent Parcel/Serial Number			
Total Area in Phase			square feet
Common Area			square feet
Non-irrigable Common Area			square feet
Net Irrigable Common Area			square feet
Total Limited Common Area			square feet
Total Privately Owned Space			square feet
<b>COMPLETE FOR TOWNHOMES, CONDOS, OR VACATION RENTALS</b>			
Check all that apply:			
<input type="checkbox"/> Units share walls			
<input type="checkbox"/> Units share meter(s). _____ number of master meters _____ meter size(s)			
(Fill out the meter sizes on page 3 if units have individual meters)			
<input type="checkbox"/> Each unit will have an individual serial/parcel number			
Total Number of Lots/Units	_____ (Fill out additional information on page 3)		



**Subdivision Lot/Unit Numbers and Sizes**

Lot #	Size	OR	Unit #	Size	Privately Owned Area (sq. ft.)	Non-Hardscape, Limited Common Area (sq. ft.)	Meter Size

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

I hereby certify that the above-referenced information is true and correct.  
**ENGINEER'S SIGNATURE:**

Subdivision 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:***