ABILITY TO SERVE REQUEST

Permit info: PWU201 ___--_____

_____ Rec'd by: _____

Application Date:

6015 Glenwood Street ▪ Garden City, Idaho 83714 ▪ Phone 208/472-2921 ▪ Fax 208/472-2996

CONTACT INFORMATION:

Company: _____ Name:_____ E-mail: _____

Address:_____ City_____ State_____ Zip:_____

Office Phone: _____Cell: _____Fax: _____

SITE INFORMATION

Project Description_____

Project Street #_____ **Street Name:**_____

Subdivision:_____ **Lot:** ____ **Block:** _____ **Parcel #**_____

Number of Units_____

Water Service Connection *(Select if need new water meter)*: **¾"**_____ 1"_____1.5"_____ 2"_____

Sewer Connection Y___ N ___

Fire Suppression Service Connection to City Main: _____**6" Sprinkler** _____**8" Sprinkler** _____**Hydrant**

Number of sprinkler heads_____

ADDED NEW FIXTURES: Res=Residential Com=Commercial

	Res ↓	Com ↓		Res ↓	Com ↓
Hand Sink, Lavatory			Urinal-1.0 Gal/flush		
Bar Sink-Faucet count (ESOF)			Water Closet/Tank 2.5g.		
Janitor (Mop, Sunken Floor) Sink			Wtr Cl/Flushmtr Tnk >2.5g.		
Kitchen Sink, Domestic-per faucet (ESOF)			Water Closet/Valve no tank		
Laundry Tub per faucet(ESOF)			Drinking Ftn/per hd		
Dental Circular Spray Sink			Dishwasher, domestic		
Dental Flushing Rim Sink			Clothes Washer, dom.		
Dr. Hosp.--Clinic Sink			Ice Machine		
Shower (per faucet head)			Hose Bibb Interior only		
Bathtub/Shower Combo.			Dental Unit -(Cusp.)		
Other					

RESTAURANTS:

Please provide square footage area for all seating:

Indoor:_____

Outdoor:_____

Bar:_____

Banquet:_____

Other:_____

The applicant is responsible to **submit 2 COPIES and a DIGITAL Copy** of the following information for an ability to serve letter:

1. Fire system description & copy of approval from fire department.
2. Site plan.
3. Sewer line connection or addition description-detail.

The submittal of the above information does not guarantee that an "Ability to Serve" letter will be issued. Public Works shall conduct a review of the submitted information. There may be a request for additional information as necessary. Please contact Garden City Public Works with further questions.

Applicants Signature: _____**DATE:**_____