



DEVELOPMENT FEES ESTIMATE FORM

Permit info: _____ Application Date: _____

Rec'd by: _____ Completion Date: _____

FOR OFFICE USE ONLY

CONTACT INFORMATION:

Applicant Name: _____ Company Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

PROJECT INFORMATION Project Street # _____ Street Name: _____ Garden City, ID 837 _____

Property Owner Information: _____ Phone: _____

Subdivision: _____ Lot: _____ Block: _____ Parcel # _____

USE: Commercial Residential Type Of Work: _____ Type of business: _____

If Restaurant please provide Square Footage area for all seating: Outdoor: _____ Bar: _____ Banquet: _____ Other _____

Any additional information: _____

New Water Service Yes/No (If yes select **(X)**) Meter Size: _____ 3/4" _____ 1" _____ 1.5" _____ 2" _____ 4"

Fire Suppression Service: ___6" Sprinkler ___8" Sprinkler ___ Number of Hydrant _____ New Sewer Service: Yes/No

Fixture Count Information below applies only for Commercial Projects

Fixtures:	Number of Existing	Number of New	Private ✓	Public ✓	Fixtures:	Number of Existing	Number of New	Private ✓	Public ✓
Bathtub or Combination Bath/Shower					Sinks/ Bar				
- 3/4" Bathtub Fill Valve					Sinks /Clinic Faucet				
Bidet					Sinks/ Clinic Flushometer Valve with or without faucet				
Clothes washer					Sinks/Special Purpose 1-1/2"				
Dental Unit, cuspidor					Sinks/ Special Purpose 2"				
Dishwasher, domestic					Sinks/Special Purpose 3"				
Drinking Fountain or Water Cooler					Sinks/Kitchen, domestic				
Food-Waste-Grinder, commercial					Sinks/Laundry				
Floor Drain					Sinks/Service or Mop Basin				
Hose Bibb					Sinks/Wash-up, each set of faucets				
Hose Bibb, each additional					Sinks/Service, flushing rim				
Shower, single-head trap					Urinal, 1.0 GPF or greater than 1.0 GPF/flush tank				
Multi-head, each additional					Wash fountain, circular spray				
Lavatory, Single					Water Closet, 1.6 GPF Gravity Tank/Flushometer Tank/Flushometer Valve				
Lavatory, in sets of two or three					Water Closet, greater than 1.6 GPF Gravity Tank/Flushometer Valve				
Lawn Sprinkler, each head					Wash fountain				

Applicant or Owner's Signature: _____ DATE: _____
(By signing this, I attest that all information is complete and accurate to the best of my knowledge)