



CITY AND COUNTY OF BROOMFIELD

Engineering Division 303-438-6380

One DesCombes Drive, Broomfield, CO 80020

Fax: 303-438-6207

UTILITY TAP ORDER

Date: _____

Location: _____ Subdivision & Filing: _____

Owner/Developer: _____

Address: _____

Contractor: _____

Contractor Signature: _____

Phone: _____

WATER TAPS

(Place a check mark in the box next to the type of Tap request)

<input type="checkbox"/> Commercial:	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____
<input type="checkbox"/> Fireline:	Tap Size: _____	How Many: _____
<input type="checkbox"/> Industrial:	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____
<input type="checkbox"/> Irrigation:	Tap Size: _____	How Many: _____
Potable	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____
<input type="checkbox"/> Irrigation:	Tap Size: _____	How Many: _____
Reuse	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____
<input type="checkbox"/> Multi-Family:	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____
<input type="checkbox"/> Single-Family:	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____
<input type="checkbox"/> Other:	Tap Size: _____	How Many: _____
	Tap Size: _____	How Many: _____

Please Explain:



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UTILITY TAP ORDER

SEWER TAPS

(Place a check mark in the box next to the type of Tap request)

- 4" Sewer Tap How Many: _____
- 6" Sewer Tap How Many: _____
- 8" Sewer Tap How Many: _____

STREET CUT? YES NO

If yes to Street Cut, a Public/Private Improvement Permit for street cut is required? (Attach if required)

PLEASE BRING OR FAX THIS FORM TO THE CITY AND COUNTY OF BROOMFIELD, ENGINEERING DEPARTMENT, ONE DESCOMBES DRIVE, BROOMFIELD, CO 80020, FAX NUMBER 303-438-6297. ALLOW AT LEAST 5 WORKING DAYS FOR PROCESSING. THE CITY WILL CALL YOU WHEN THE TAP ORDER IS READY.

AFTER YOU HAVE BEEN NOTIFIED OF APPROVAL, PLEASE CALL THE CITY AND COUNTY OF BROOMFIELD ENGINEERING INSPECTION DEPARTMENT AT 303-438-6378 AT LEAST 72 HOURS IN ADVANCE TO SCHEDULE A PRE-TAPPING MEETING.

This Tap Order is to authorize the actual connection to a City sanitary sewer or water line and DOES NOT include the cost of the license and fees required to receive sewer or water service.

(City use only)

Certificate of Tapability Approved: _____ Inspector: _____

Total Number of Taps:

Water Taps: _____	Size: _____	Fee: _____
Water Taps: _____	Size: _____	Fee: _____
Water Taps: _____	Size: _____	Fee: _____

SUBTOTAL WATER TAP FEE: _____

Sewer Taps: _____	Size: _____	Fee: _____
Sewer Taps: _____	Size: _____	Fee: _____

SUBTOTAL SEWER TAP FEE: _____

TOTAL FEE: _____ **Date Paid:** _____

