

SEWER CAPACITY APPLICATION
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Department of Environmental Quality & Public Works
 Division of Water Quality



Notice to Applicants:

This application form and supporting documentation must be completed in its entirety and submitted to the Lexington-Fayette Urban County Government's Sanitary Sewer Tap-On Desk per Article XIII of Chapter 16 of the Code of Ordinances and Sections 16-301 through 16-306; and Section 5-30 of the Code of Ordinances. The Sanitary Sewer Tap-On Desk is located at **125 Lisle Industrial Ave., Suite 180** and may be reached at **(859) 258-3433**.

Applicants will receive written notification that sewer capacity has been allocated or waitlisted within 10 calendar days of submitting the Sewer Capacity Application. **Capacity requests may be delayed if the application form is unsigned or contains incomplete or missing information.**

Payment of an Administrative Fee of **\$450.00** and a Capacity Reservation Deposit is required prior to approval of the capacity request. The Capacity Reservation Deposit is equal to **25% of the estimated tap permit fee**. The Capacity Reservation Deposit will be credited toward the applicant's sewer tap permit fee. Checks shall be made payable to the Lexington-Fayette Urban County Government.

By signing this document, the applicant hereby certifies that all the information provided in this application submittal is true and accurate to the best of their knowledge.

Applicant's Printed Name: _____ Date: _____

Applicant's Signature: _____

Owner's Printed Name (Required only if Different from Applicant)*: _____ Date: _____

Owner's Signature (Required Only if Different from Applicant)*: _____

**Owner's signature may be substituted in lieu of authorized documentation.*

For Official Use Only:	
Application Submittal Date: <input style="width: 100%;" type="text"/>	Admin Fee Waived? <input type="checkbox"/> YES <input type="checkbox"/> NO
Application Submittal Time: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Expansion Area 2
Application Payment Amount: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Residential Remodel (no increase in dwelling units)
Method of Payment/Check #: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Flow increase less than 45 gpd
	<input type="checkbox"/> Residential development with plat of record
	<input type="checkbox"/> Grandfather
	<input type="checkbox"/> Illicit connection removal / Septic Conversion

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PLAN INFORMATION

Box 1:	Has the Planning Commission approved your Preliminary Subdivision Plan (PSP) or Final Development Plan (FDP) for this project?	Y / N
<i>If Box 1 is "Yes" you must indicate the Plan Identification Number in Box 13 and Plan Approval Date in Box 14.</i>		
Box 2:	If "No" in Box 1: Has a Preliminary Development Plan (PDP) been submitted for this project?	Y / N
<i>If Box 2 is "Yes" you must indicate the Plan Identification Number in Box 13 and Plan Approval Date in Box 14.</i>		
Box 3:	Does the Plan on file with the Planning Commission (and identified in Box 13) accurately reflect the currently proposed development associated with this sewer capacity request? (Yes/No)	Y / N
<i>If Box 3 is "No", then applicant must attach a copy of an updated development or subdivision plan.</i>		

APPLICANT INFORMATION

Note: Information listed as the Contact is identified as the Owner's Representative. Submit documentation as Owner's representative (e.g. signed letter from Owner).

Box 5: Contact Name	Box 6: Contact Phone	Box 7: Contact E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Box 8: Contact Address (w/ City, State, Zip)		
<input type="text"/>		
Box 9: Owner Name	Box 10: Owner Phone	Box 11: Owner E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Box 12: Owner Address (w/ City, State, Zip)		
<input type="text"/>		

PROPERTY/DEVELOPMENT INFORMATION

Box 13: Plan ID No. (e.g. 2000-100)	Box 14: Plan Approval Date	Box 15: Plan Type (e.g. PSP, FDP, or PDP)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Box 16: Subdivision Name & Lot Number (if address unknown)	Box 17: Developer Entity/Name	
<input type="text"/>	<input type="text"/>	
Box 16A: Property Address		
<input type="text"/>		
Box 18: Total Area of Project Site (Acres):	<input type="text"/>	Box 19: Current Zoning Designation:
Box 20: Is this development an expansion of an existing commercial structure? (Y/N)	Y / N	
<i>If Box 20 is "Yes", please briefly describe:</i>		
<input type="text"/>		
Box 21: Is this request located within the LFUCG Urban Service Boundary? (Y/N)	Y / N	
Box 22: Is there existing water service on-site? (Y/N)	Y / N	
Box 23: Is there an existing sanitary sewer connection on-site? (Y/N)	Y / N	
Box 24: What is the Estimated Capacity Total from Line 41 on Page 3 of this application?	<input type="text"/>	
Additional Comments:		
<input type="text"/>		

Return completed Application to:	Sanitary Sewer Tap-on Desk (Tate Building) 125 Lisle Industrial Ave., Ste. 180, Lexington, KY 40511	(859) 258-3433 8:00 - 5:00 (M-F)
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FLOW CALCULATION WORKSHEET

Line	Type of Facility	Total Post-Developed Number of Units	Total Existing Units	Unit	Unit Rate in Gallons Per Day (GPD)	Requested Capacity Subtotal (GPD)
1	Single Family Residence	()	()	Units	x 192	=
2	Townhome	()	()	Units	x 192	=
3	Efficiency Apartment	()	()	Units	x 100	=
4	1-bedroom Apartment	()	()	Units	x 138	=
5	2-bedroom Apartment	()	()	Units	x 175	=
6	3- or 4-Bedroom Apartment	()	()	Units	x 192	=
7	Duplex	()	()	Buildings	x 384	=
8	3-Plex	()	()	Buildings	x 576	=
9	4-Plex	()	()	Buildings	x 768	=
10	Hotel/Motel	()	()	Units	x 138	=
11	Hospital	()	()	Beds	x 300	=
12	Nursing Home	()	()	Beds	x 150	=
13	University Dorm (Water Efficient)	()	()	Capita	x 25	=
14	University Dorm (Traditional)	()	()	Capita	x 75	=
15	Cafeteria	()	()	Capita	x 2.5	=
16	Catering hall	()	()	Capita	x 7.5	=
17	Schools	()	()	Students	x 20	=
18	Non-Medical Office	()	()	Sq. Feet	x 0.06	=
19	General Industrial	()	()	Sq. Feet	x 0.04	=
20	Medical Arts (e.g. Doctor's Office)	()	()	Sq. Feet	x 0.10	=
21	Theatre	()	()	Seats	x 5	=
22	Bowling Alley	()	()	Lanes	x 100	=
23	Church	()	()	Capitas	x 1.5	=
24	Bar/Lounge/Disco	()	()	Seats	x 15	=
25	Restaurant (With Dishwasher)	()	()	Seats	x 30	=
26	Restaurant (Fast Food)	()	()	Seats	x 20	=
27	Convenient Store (Food Processing)	()	()	Sq. Feet	x 0.15	=
28	Dry Store	()	()	Sq. Feet	x 0.03	=
29	Market	()	()	Sq. Feet	x 0.05	=
30	Service Station	()	()	Pumps	x 300	=
31	Shopping Center (With Food)	()	()	Sq. Feet	x 0.13	=
32	Shopping Center (Without Food)	()	()	Sq. Feet	x 0.10	=
33	Warehouse	()	()	Sq. Feet	x 0.02	=
34	Barber Shop/Beauty Salon	()	()	Chair/Station	x 200	=
35	Country Club	()	()	Sq. Feet	x 0.30	=
36	Swimming Pool	()	()	Capita	x 20	=
37	Laundry	()	()	Washers	x 425	=
38	Car Wash	()	()	Bays	x 6840	=
39	Fitness Center	()	()	Sq. Feet	x 0.50	=
40	Other/Manual Entry *	()	()	GPD	x 1	=
41	Sum of Lines 1 through 40 is the Estimated Capacity Total					=

* If Other/Manual Entry utilized, applicant must provide the source/basis for the Unit Rate assumed.