

## Request for Water and/or Sewer Availability & Associated Costs

Please fill in the following information & return this form with the site plan per directions below. Incomplete forms will result in the request being returned until all of the information is included. Refer to the attached memo for fees and additional information.

Type of Availability Requested:	CHECK ALL THAT APPLY:   ✓ Water   ✓ Sewer
Project Name & Subdivision, Section, Lot #	LOT 809 LEGENDS RIDGE
Map & Parcel(s) #	,
Property Address:	637 LEGENDS CREST DR
City Project # (If Applicable)	Ð
# of Dwelling Units (If Residential)	
Applicant's Name & Company	BRAD DIKSON (TRACE CONSTRUCTION)
Applicant's Address	637 LEGENDS CREST DR
Applicant's Email & Phone #	BRAXETRACECONSTRUCTION INC. COM 615-513
Anticipated Water Meter Size(s) (see chart on pg. 3).	3/4
Water District:	FRANKLIN
Anticipated sewage flows: Information R	use additional sheets as necessary
of County is requiring this request please indicate if you are requesting an approval or denial:	☐ DENY my Request ☐ APPROVE my request *approval or denial is approved by BOMA, indication here is not a guarantee for approval or denial*

MUST SUBMIT A LOCATION MAP (FOR EX: GOOGLE MAP)

Email Application to: <a href="mailto:EngineeringMBX@franklintn.gov">EngineeringMBX@franklintn.gov</a>

For additional information or questions please call: 615-791-3218

Date Submitted:

5/31/17