



CITY OF DOVER DEPARTMENT OF WATER & WASTEWATER

5 E. Reed Street
Dover, DE 19901

Phone: (302) 736-7025
Fax: (302) 736-4217



In order to calculate City and County Impact Fees, which must be paid before you can receive a Certificate of Occupancy, please complete the following and submit this form to the Department of Water & Wastewater:

Project/Site Name _____

Location / Address _____

TOTAL FIXTURES <u>BEFORE</u> PERMIT		TOTAL FIXTURES <u>AFTER</u> PERMIT	
Description	Number	Description	Number
Double or Triple Bowl Sink		Double or Triple Bowl Sink	
Single Bowl Washstand or Lavatory		Single Bowl Washstand or Lavatory	
Toilet (Tank Type)		Toilet (Tank Type)	
Toilet (Flush Valve)		Toilet (Flush Valve)	
Bath & Shower		Bath & Shower	
Mop Sink or Service Sink		Mop Sink or Service Sink	
Flush Urinal		Flush Urinal	
Continuous Flush Urinal		Continuous Flush Urinal	
Convenience Outlet (floor drain)		Convenience Outlet (floor drain)	
Domestic Dishwasher		Domestic Dishwasher	
Commercial Dishwasher		Commercial Dishwasher	
Drinking Fountain		Drinking Fountain	
Garbage Disposal		Garbage Disposal	
Washing Machine		Washing Machine	
Other:		Other:	

The above information submitted by:

Name: _____

Of: _____

Telephone: _____ Fax: _____

Date: _____ E-mail: _____

<i>For Office Use Only:</i>	
Usage Category: _____	EDU Calculation: _____
Date Approved: _____	Staff Initials: _____ New Connection to Water Main? _____