Project Address: Project (Tenant) Name: Contact Name: Email: Phone:						
CENTED CHED ADEA (CHECK ONE) TRANSPE						
SEWER SHED AREA (CHECK ONE) TMWRF LAWTON-VERDI/TMWRF RSWRF						
FIXTURE WEIGHT QTY TOTAL NEW QTY TOTAL DELET (Per Unit) New (Quantity x Weight) Deleted (Quantity x Weight)						
Lavatory 1						
Urinal 2						
Water Closet 3						
Floor Drain or Floor Sink 2						
Trench Drains (Per 30' of Trench Dr) Ft 4						
Bar Sink/Wash Up Sink 2						
Mop Sink or Service Sink 2						
Dipper Well 3						
Clinic Sink 6						
Kitchen Sink-Break Room 2						
Kitchen Sink-Commercial (3 Comp or Similar) 3						
Laundry Sink 2						
Pedicure Chairs 3						
Hair Wash Sink 5						
Tidii Wasii Siiik						
Bathroom Group (Hotel or Motel Only) 8						
Bathtub or Shower Stall-Per Head 2						
Whirlpool Bath or Combination Bath/Shower 2						
Dishwasher-Commercial 35						
Dishwasher-Conveyor 100						
Disposal-Commercial (With Independent Water Supply) 50						
Dishwasher-Residential Type 2						
Laundry Machine-Self-Serve (8-20 LB Capacity)						
Residential Type < 4.5 CU FT 3 Laundry Machine-Commercial (Max 35 LB Capacity) 50						
Laundry Machine-Commercial (Max 35 LB Capacity) 50 Laundry Machine-Com-Per LB Cap> 35 LBS LBS 1.5 per LB						
Lauridry Macrime-Conf-rer LB Cap> 33 LB3 LB3 1.3 per LB						
Drinking Fountain or Water Cooler .5						
Wash Fountain-Circular Spray 3						
Car Wash-Self Serve (Per Bay) 28						
Car Wash-Auto Wash 100						
RV Dump Station 25						
RV Park Per Wet Space 7						
Subtotal Weighted Fixtures (a) (b)						
Total Weighted Fixtures (a – b = c) (c)						
Hours of Operation (check one) (d) 1 to 11 HRS; multiply total fix by 1 12 to 15 HRS; multiply total fix by 1.5 16 to 24 HRS: multiply total fix by	nv 2					
Adj Total Weighted Fixtures (c X d) X Current Fixture Unit Fee \$* = Total Amount Due: \$	7 ~					
The connection fee shall not be less than the current residential connection fee for a single-family dwelling per connection.						
Signature: Print Name: Date:						
By signing this document, you certify that the sewer fixture count you provided for the above named project is accurate	е.					

^{*} Subject to the current fee schedule

City of Reno Sewer Connection (Residential)

Date:	Permit Number:				
Project Address:	Project (Tenant) Name:				
Contact Name:	Email:	Phone:			

SEWER SHED AREA (CHECK ONE)		TMWRF		LAV	VTON-VE	RDI/TMWRF	RS	WRF	
	•						'	•	
Type of Residential Unit	t Tota		Total Net Fixtures		s Number of Dwelling		3	Total	
		P	er Unit			Units			
		Value	(d) belo	w					
Single-Family Dwelling up to 31 fixture units (p									
dwelling) (Complete Single Family Table Belov	w)								
Single-Family Dwelling > 31 fixture units (per dwelling) (Complete Single Family Table Below	w)								
Multi-Family Residential Dwelling (per		n/a							
dwelling unit)									
Multi-Family Residential Dwelling (micro-u	ınit)								
600 sq. ft. or less up to 15 fixture units		n/a							
Mobile Home Estates or Subdivision (per e	ach								
mobile unit space)		n/a							
Mobile Home Parks (per space)		n/a							
Residential Dwelling Unit									
(Shared Kitchen or Rooming House Kitcher	า)	n/a							
Rooming House (per room rental)*		n/a							
Single Family Residential Table (Includes duplex, triplex and fourplex) FIXTURE TYPES	WEIGHT (Per Uni	QTY t) Existing	TOTAL EX (Quant Weig	ity x	QTY (New)	Total New (Quantity x Weight)	QTY Deleted	Total Delet (Quantity x	
Lavatory	1								
Urinal	2								

Single Family Residential Table (Includes duplex, triplex and fourplex) FIXTURE TYPES	WEIGHT (Per Unit)	QTY Existing	TOTAL EXISTING (Quantity x Weight)	QTY (New)	Total New (Quantity x Weight)	QTY Deleted	Total Deleted (Quantity x Weight)
Lavatory	1						
Urinal	2						
Water Closet	3						
Kitchen Sink/Bar Sink	2						
Laundry Sink	2						
Dishwasher-Residential Type	2						
Bathtub or Shower Stall-Per Head	2						
Whirlpool Bath or Combination Bath/Shower	2						
Laundry Machine-Residential Type	3						
TOTAL Existing, New and Deleted			(a)		(b)		(C)
	(:	a)	+ (b)		(c)	= (d	
Signature:	Print Name:					Da	te:
By signing this document, you certify that the sewer fixture count you provided for the above named project is accurate.							

^{*}The connection fee for each bedroom unit used in connection with a shared kitchen shall be the fee for a rooming house (per room rental).

See Sewer Connection Fee Schedule at Reno.gov for current fees and definitions