

Commercial Impact Assessment

Request Form

HNWS Project No: _____

It is standard that a new commercial account (even if it previously had service) undergo an impact assessment to verify that the originally paid impact fees on the account are sufficient for the proposed usage. Preferably, fill out the form digitally and email it back to csnyder@hnws-fl.com so that HNWS may complete the remainder of the form and finalize the assessment. Once HNWS has completed the assessment a final version of the executed Commercial Impact Assessment Request and letter summarizing the assessment will be provided to the Customer by e-mail.

Owner/Customer Information

Name: _____ E-Mail: _____
 Company: _____ Phone: _____
 Address: _____
PHYSICAL ADDR CITY, ST ZIP

Business Information

Business Name: _____ Business Tax ID: _____
 Service Address: _____
PHYSICAL ADDR CITY, ST ZIP PROPERTY APPRAISER ID
 Billing Address: _____
PHYSICAL ADDR CITY, ST ZIP

No. Bathrooms: _____ No. Dining Seats: _____ No. Employees Per 8-Hr Shift: _____
 Square-Footage: _____ No. Bar Seats: _____ : _____
 Type of Project: _____ : _____

BELOW TO BE COMPLETED BY HNWS

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Existing Services

Potable Water Meter Size: _____ Service Size: _____
 Sanitary Sewer Service Size: _____

Impact Fee Calculations & Project Demands

Impact Fees are based on demands in FAC 64E-6.008 Table 1 and calculated using the methodology described in the HNWS Impact Fee Policy. The basis for tap fees is \$2,250/ERU for water and \$4,200/ERU for sewer.

Facility Type/Description	Demand Criteria/Units	A	B	C	D	Water Fee \$2,250 x D	Sewer Fee \$4,200 x D
		Demand, GPD Table 1	Units	Total Demand A x B	ERUs C / 300		
Previously Paid Impact Fees	See Assessment Letter						

ERUs on Account: _____ **Total Impact Fees Due:** _____
NOT INCLUDING DEPOSITS OR MEMBERSHIP FEES **GPD** **ERUs** **WATER** **SEWER**

Consent of Understanding

Owner/Customer: _____
SIGNATURE DATE

HNWS System Engineer: _____
CORY M. SNYDER, PE, MEng DATE