WATER SERVICE AVAILABILITY REQUEST

Consolidated Utility District of Rutherford County CUDRC						
Consolitated Cliffy District of Italian Country & & I I C						
DO NOT SUBMIT THIS FORM WITHOUT A SUBMIT TO CUDengineering@cudrc.com		ATTACHMENT	rs. SEE CHECK	(LIST AT	BOTTOM THEN	
DEVELOPMENT NAME			DATE OF INQUIRY			
LOCATION OF PROPERTY (PROVIDE STREET ADDRE	ESS OR DIRECTIONS FROM	THE NEAREST INTE	ERSECTION & ATTA	CH A VICINT	Y MAP)	
EVELOPMENT TYPE: INGLE FAMILY COMMERCIAL MULTI-FAMILY			COUNTY			
TAX MAP #	PARCEL#		AREA IN ACRES (TOTAL)			
TOTAL NUMBER OF PROPOSED LOTS/UNIT OF EACH TYPE	WILL YOUR DEVELOPMENT BE CONSTRUCTED IN MORE THAN ONE PHASE? YES NO		ATTACH A CONCEPT PLAN, PRELIMINARY PLAT OR MASTER PLAN SHOWING EACH PHASE/SECTION			
PLANNING AUTHORITY: MURFREESBORO SMYRNA COUNTY	SEWER PROVIDER: MURFREESBORO SMYRNA PROPOSED STEP EXISTING STEP SEPTIC					
OSINGLE FAMILY FIRE PROTECTION FIRE HYDRANT FLOW REQUIREMENTS WILL BE BASED ON THE APPLICABLE PLANNING AUTHORITIES MINIMUM REQUIREMENTS AS NOTED BELOW: MURFREESBORO - 1,000 GPM SMYRNA - 1000 GPM COUNTY - 500 GPM	COMMERCIAL & MULTI-FAMILY FIRE PROTECTION A. ATTACH A LETTER/EMAIL FROM THE APPLICABLE FIRE DEPARTMENT REGARDING THE FIRE HYDRANT FLOW REQUIREMENTS B. IF FIRE SPRINKLERS ARE PROPOSED, ALSO ATTACH A LETTER/EMAIL FROM THE FIRE SPRINKLER DESIGNER REGARDING THE FLOW AND PRESSURE REQUIREMENTS C. IF NO FIRE SPRINKLERS ARE PROPOSED CHECK THIS BOX					
	DEVELOPER/OWNI	ER INFORMATI	ON			
COMPANY NAME		CONTACT NAME				
ADDRESS		CITY	ļ	STATE	ZIP CODE	
PHONE	EMAIL					
	ENGINEER INI	FORMATION				
COMPANY NAME		CONTACT NAME				
ADDRESS		CITY	5	STATE	ZIP CODE	
PHONE						
Depending on the complexity of the requiresponse will include a determination of the information supplied in this request.						
Checklist of Attachments: Vicinity Map Concept Plan, Prelim. Plat, or Master Plan Fire Dept email/letter with Fire Hydrant Requirements Fire Sprinkler email/letter if applicable						

TEL: 615.893.7225 HOURS: MON-FRI 8:00-4:30