FAUQUIER COUNTY WATER AND SANITATION AUTHORITY 7172 KENNEDY ROAD • WARRENTON, VA 20187 PHONE (540) 349-2092 • FAX (540) 347-7689 WEBSITE: fcwsa.org



REQUEST FOR OCCUPANCY PERMIT RELEASE FORM

BUILDER'S NAME:	
COMPANY ADDRESS: _	
_	
DATE REQUESTED:	DAYTIME PHONE:
SUBDIVISION NAME:	PHASE/SECTION:
LOT #	TYPE OF SERVICE (W / S/ W&S)
RESPONSIBLE SIGNATURE	:
NAME (PLEASE PRINT):	
BILLING INFO	RMATION (IF DIFFERENT FROM BUILDER)
NAME:	
PHONE NUMB	ER:
ADDRESS: _	
_	
NOTE: IF ALL REQUIREM	IENTS HAVE BEEN MET, AN OCCUPANCY PERMIT
RELEASE FORM WILL BE	ISSUED BY CLOSE OF BUSINESS ON:
	FCWSA OFFICE USE ONLY
ADMINISTRATION:	
DATE WATER AVAIL. PAID	:
DATE SEWER AVAIL. PAID	:
OCCUPANCY PERMIT RELE	FASE REQUIREMENTS MET? (Y / N):