



# HIGHLANDS RANCH Metro District

## TENANT FINISH RE-MODEL FEE SUBMITTAL FORM

In compliance with the Rules & Regulations by the District Engineer, the type of occupancy of a given tenant space determines the level of review performed by the District.

A minimum review fee of \$150 will be assessed at the time of the first submittal. Any additional review fees will be applied depending on the type and level of the review of the plans. This review is required to insure compliance with the District's Industrial Waste Program, which is mandated by the Colorado Department of Health and Environment along with the Environmental Protection Agency.

Project Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #/E-Mail: \_\_\_\_\_

Project Address: \_\_\_\_\_

What type of business will be occupying this space? \_\_\_\_\_

<b>Basic Non-Residential Remodel – Architectural Plans Only</b>	<b>\$150</b>
Adding walls, electrical, carpet and painting without plumbing revisions	
<input type="checkbox"/> Office <input type="checkbox"/> Retail Space <input type="checkbox"/> Other	

<b>Remodel Requiring Revised Plumbing – Architectural &amp; Plumbing Plans</b>	<b>\$300</b>
Changing or adding fixtures	
<input type="checkbox"/> Food preparation <input type="checkbox"/> Dog grooming <input type="checkbox"/> Medical Facility <input type="checkbox"/> Other	

<b>Remodel Requiring External Improvements to Water &amp; Sewer – Architectural &amp; Civil Plans</b>		<b>\$500</b>
Changing or adding fixtures – <b>Civil Plans are required</b>		
<input type="checkbox"/> Grease Interceptor Required	<input type="checkbox"/> Fire Suppression System added	
<input type="checkbox"/> Water & Sewer Mains	<input type="checkbox"/> Other	

<input type="checkbox"/> Initial basic fee paid of \$150	<input type="checkbox"/> Initial remodel fee (plumbing) paid of \$300	<input type="checkbox"/> Initial remodel fee (external) paid of \$500	
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Review Fee's due:	
Review Fee's paid:	
Balance Owed:	

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check
<input type="checkbox"/>	Charge

## COMMERCIAL REVIEW SUBMITTAL FORM

Date Rec'd by HRMD: \_\_\_\_\_ Due Date: \_\_\_\_\_ Received by: \_\_\_\_\_

\_\_\_\_\_ TENANT FINISH /FIRST SUBMITTAL \_\_\_\_\_ TENANT FINISH /RE-SUBMITTAL

Project Name: \_\_\_\_\_ Filing Number \_\_\_\_\_

Project Location Address: \_\_\_\_\_

Project Owner: \_\_\_\_\_

Name of Consultant or Owner Representative: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please include this "Submittal Form" with all submittals and re-submittals. For Initial Review: fill out all forms in the Commercial Development Guideline packet, in the back of the book.

Submitted By: \_\_\_\_\_

## Highlands Ranch Metropolitan Districts Plan Checklist

Project Name: \_\_\_\_\_ Filing Number \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Prepared By: \_\_\_\_\_

The following is a checklist of the items that are required to be on plans that are submitted to the District for commercial projects. **Failure to complete and submit this checklist may result in the rejection of this submittal.**

**The following items must be included on the drawings. If not applicable please indicate "NA".**

### Architectural Plans

- Set of Architectural Drawings  
\_\_\_ A complete set of drawings including all phases of construction
  
- Plumbing/Mechanical Drawings  
\_\_\_ Water line isometric  
\_\_\_ Sanitary line isometric  
\_\_\_ Water meter/Backflow prevention devices (to scale on all applicable drawings)  
\_\_\_ Positioning notes (on all applicable drawings)  
\_\_\_ Complete floor plan showing all fixtures  
\_\_\_ Elevation drawing(s)  
\_\_\_ Grease interceptor (if applicable)
  
- Plans  
\_\_\_ Initial submittal (1 complete set of all drawings)  
\_\_\_ Final submittal (4 sets for tenant finish of applicable drawings)  
\_\_\_ Signed and sealed by Engineer/ Architect (if required)
  
- Highlands Ranch Waste Questionnaire  
\_\_\_ Completed and signed
  
- Water Service Sizing Calculations  
\_\_\_ Completed fixture unit counts (Use A.W.W.A. forms provided only)

- Backflow Prevention Devices

The District requires the installation of an approved reduce pressure principal device backflow preventer on the incoming domestic waterline for the purpose of containment from the Districts water system. We however will require additional isolation devices depending on the type of use.

The following is a list of the potential other uses that will require an additional isolation devices:

- Soda dispensers (approved R.P.P.D. is required)

- Dental facilities

- Food preparation

- Medical facilities

- Veterinary facilities

- Beauty shops/Barber shops/Nail Salons

- Photo processing facilities

## PLAN SUBMITTAL REQUIREMENTS FOR COMMERCIAL DEVELOPMENT

Project Name: \_\_\_\_\_ Filing Number \_\_\_\_\_

Project Address: \_\_\_\_\_ Submitted By: \_\_\_\_\_

The following information is required on plans that are submitted for District approval.

### TENANT FINISH BUILDINGS

**If you are constructing a tenant finish within an existing structure the following information is required:  
Are you adding, deleting or changing the location of any water fixtures or equipment that will be connected to the water system or sanitary sewer system within the existing shell finish?**

**NO** \_\_\_ If you are **not** adding, deleting, or changing water fixtures or equipment that will connect to the existing water and sanitary sewer system you will be required to submit the following:

- Floor plan (24x36) showing the existing water fixtures and tenant lay out. (*Arch plan does not need to be signed and sealed for first submittal*)
- Commercial Review Submittal Form
- Plan Checklist
- Plan Submittal Requirements
- Highlands Ranch Waste Questionnaire (*Filled out and signed forms for all types of use.*)
- Fill out Water Service Line Calculation Sheet, indicating all **existing** water fixtures in tenant space.

**YES** \_\_\_ If you **are** adding, deleting, or changing the location of any water fixtures or equipment that will connect to the existing water and sanitary sewer system you will be required to submit the following:

- A complete set of Tenant Finish Architectural, Electrical, Plumbing, and Mechanical drawings.
  - Show location of required isolation backflow prevention devices.
  - Complete plumbing plan showing all fixtures and water and sewer lines.
  - Isometric drawing of the water and sanitary sewer line, including the backflow preventer.
  - Plan view showing location of backflow preventer. (*See Standard Details book*)
  - Elevation view of area where backflow preventer is to be installed.

#### Backflow Prevention Devices:

The District requires the installation of an approved reduce pressure principal device backflow preventer on the incoming domestic waterline for the purpose of containment from the Districts water system. We however will require additional isolation devices depending on the type of use.

The following is a list of the potential other uses that will require an additional isolation devices:

- Soda dispensers (approved R.P.P.D. is required)
- Dental facilities
- Food preparation
- Medical facilities
- Veterinary facilities
- Beauty shops/Barber shops/Nail Salons
- Photo processing facilities
- Commercial Review Submittal Form
- Plan Checklist
- Plan Submittal Requirements
- Highlands Ranch Waste Questionnaire (*Filled out and signed forms for all type of use.*)
- Highlands Ranch Silver Mercury Discharge Questionnaire (*For dental and medical office's x-ray equipment and photo labs.*)
- Fill out Water Service Line Sizing Calculation Sheet, indicating all existing and new fixtures.

# HIGHLANDS RANCH METRO DISTRICTS

## Industrial Waste Questionnaire

1) Company/ Owners name, mailing address, city, state, zip code and phone  
 Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

2) Proposed Commercial, Production or Manufacturing facility location.  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

3) Name of person authorized to represent this facility in official dealings with the District.  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_

4) Identify the type of business to be conducted (auto repair, machine shop, electroplating, painting, warehousing, printing, meat packing, food processing, etc.)

5) Provide a brief narrative description of the commercial, manufacturing, production or service activities your firm plans to conduct.

6) Does your activity involve the use of any of the following (Please check the appropriate box Yes, No, or ? for not sure.)

	Yes	No	?		Yes	No	?
Inks, dyes or paints				Polycyclic Aromatic Hydrocarbons			
Solvents or Degreasers				Nitrosamines			
Flammables				Nitrogen Containing Compounds			
Explosives				Radioactive Isotopes			
Corrosives				Halogenated Aliphatics			
Greases or Oils				Ethers			
Pesticides				Monocyclic Aromatics			
Herbicides				Phenols or Cresols			
Metals				Phthalate Esters			
PCB's & related compounds							

7) This facility is expected to generate the following types of waste. (Check all that apply)

	Est. gal per day	Est. gal per day
Domestic waste (restrooms, showers, etc.)		Cooling water, non contact
Process waste		Cooling water, contact
Equipment / Facility washdown		Air pollution control unit
Boiler / Tower Blowdown		Other (describe)

8) Do you expect any liquid wastes or sludge from this facility to be disposed of by means other than discharge to the sewage system?

Yes\_\_\_ No

9) These wastes may best be described as: Estimated Gallons or Pounds per year Estimated Gallons or Pounds Per year

Acids / Alkalies		Pesticides	
Heavy Metal Sludge		Plating wastes	
Inks / Dyes		Pretreatment sludge	
Oil / Grease		Solvents / Thinners	
Organic Compounds		Other (specify)	
Paints		Other (specify)	

10) Provide names and addresses of contractors that may haul wastes from your site. (Used solvents, oils, dry-cleaning solvents, sludge, etc.)

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11) Is a Spill Prevention Control Plan prepared for your facility?  
Yes\_\_\_ No\_\_\_ If yes, please attaches a copy.

12) Number of employee shifts expected to be worked per 24-hour day\_\_\_\_\_

13) Average number of employees per shift? \_\_\_\_\_

14) Check days of week this facility will be operating.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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15) Hours of each shift (Include AM and PM)

First shift\_\_\_\_\_ Second Shift \_\_\_\_\_ Third Shift \_\_\_\_\_

16) Briefly describe the production process (include chemicals, raw materials, process flow schematics, plant layout, etc. attach additional sheets if necessary).

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17) The production process is: (check applicable)

	Batch		Continuous		Both
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If batch process, the average number of batches per day \_\_\_\_\_

18) Is production expected to be subject to seasonal variation?

Yes \_\_\_\_ No \_\_\_\_

19) Are there any process changes or expansions planned during the next three years?

Yes \_\_\_\_ No \_\_\_\_

If yes describe. If your facility expects to employ processes in any of the industrial categories below place a check beside the category or business activity.

	Adhesives and Sealant		Paint and Ink Formulation
	Aluminum Forming		Pesticides
	Auto and Other Laundries		Petroleum Refining
	Battery Manufacturing		Pharmaceutical Preparation
	Coal Mining		Photographic Supplies and Equipment
	Coil Coating		Plastics and Synthetic Materials Manufacturing
	Copper Forming		Plastics Processing
	Electric and Electronic Components		Porcelain Enameling
	Electroplating		Printing and Publishing
	Explosives Manufacturing		Pulp and Paper Mills
	Foundries		Rubber Products
	Gum and Wood Chemicals		Soaps and Detergent Manufacturing
	Inorganic Chemicals Manufacturing		Steam Electric Power Plants
	Iron and Steel Manufacturing		Textile Mills
	Leather Tanning and Finishing		Timber Products Processing
	Mechanical Products Manufacturing		Dairy Products
	Nonferrous Metals Manufacturing		Slaughter / Meat Packing / Rendering
	Ore Mining		Food / Edible Products Processor

Organic Chemicals Manufacturing	Beverage Bottler
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20) Pretreatment devices or processes anticipated to be used for treating wastewater or sludge prior to discharge to the sanitary sewer. (check all that are applicable)

Air Flotation	Neutralization or pH correction
Centrifuge	Ozonation
Chemical Precipitation	Reverse osmosis
Chlorination	Screening
Cyclone	Sedimentation
Filtration	Septic Tank
Flow Equalization	Solvent Distillation
Grease or Oil Separation	Solvent Separation
Grease Trap	Biological Treatment (Specify)
Grease and Sand Trap	Other Chemical Treatment (Specify)
Grit Removal	Other Physical Treatment (Specify)
Ion Exchange	No Pretreatment Provided

21) If any laboratory analyses have been performed on the wastewater discharge(s) from a similar facility, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and the location(s), from which sample(s) were taken (attach sketches, plans, etc. as necessary).

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and or imprisonment.

Date \_\_\_\_\_

Signature of Official  
\_\_\_\_\_

Name of Official  
\_\_\_\_\_

Title \_\_\_\_\_

**Highlands Ranch Metro Districts**  
**Silver Mercury Waste Discharge Questionnaire**  
(To be completed by tenants who plan to process photo/x-ray film or dental work)

Business name:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Individual providing information:

\_\_\_\_\_

Type of Business: (Check and complete all that apply)

( ) Medical Office

- Do you use x-ray equipment

\_\_\_\_\_

- How are the developer and fixer currently disposed?

\_\_\_\_\_

\_\_\_\_\_

- If these wastes are being put down the drain, how many gallons per week are being disposed?

\_\_\_\_\_

- Do you use any type of silver recovery device?

\_\_\_\_\_

- If yes, who provides the equipment or services the units?

\_\_\_\_\_

\_\_\_\_\_

- If you use a silver reclamation or disposal service, who provides these services for you?

\_\_\_\_\_

( ) Dental Office

- Do you have a system to collect dental filling waste?

\_\_\_\_\_

\_\_\_\_\_ (CONTINUED - NEXT PAGE)

- Do you use x-ray equipment?

\_\_\_\_\_

- How are the developer and fixer currently disposed?

\_\_\_\_\_

\_\_\_\_\_

- If these wastes are being put down the drain, how many gallons per week are being disposed?

\_\_\_\_\_

- Do you use any type of silver recovery device?

\_\_\_\_\_

- If yes, who provides the equipment or services the units?

\_\_\_\_\_

- If you use a silver reclamation or disposal service, who provides these services for you?\_\_\_\_\_

( ) Photo Lab

- Do you use photo-developing equipment?

\_\_\_\_\_

- How are process chemicals currently disposed?

\_\_\_\_\_

- If these wastes are being put down the drain, how many gallons per week are being disposed?

\_\_\_\_\_

- Do you use any type of silver recovery device?

\_\_\_\_\_

- If yes, who provides the equipment or services the units?

\_\_\_\_\_

- If you use a silver reclamation or disposal service, who provides these services for you?\_\_\_\_\_

Signature: \_\_\_\_\_

Date\_\_\_\_\_

