

APPLICATION FOR INFRASTRUCTURE ASSISTANCE

Company: _____
Address: _____

MAIL TO:
DENTON MUNICIPAL UTILITIES
ATTN: JIM COULTER
DIRECTOR OF W/WW
901-A TEXAS STREET
DENTON, TX 76201

Telephone: (940) _____ Contact Person: _____
Title: _____

Nature of Business: _____ Years in Business: _____

Of Facilities Nationally: _____ In Texas: _____

Type of Facility: _____

Nearest Similar Facility: _____

Are you considering other locations besides Denton? Yes _____ No _____

If yes, where: _____

Major factors that will influence your decision: _____

PROPOSED FACILITY

Location of Denton Site: _____

Site Acreage: _____ Have you acquired site? Yes _____ No _____

If no, at what stage is acquisition? _____

Square footage of facility: _____ Number of buildings: _____

Type of Construction: _____

Estimated value of construction: \$ _____

Anticipated construction start: _____ Completion: _____

Anticipated Opening Date: _____

Date Received: _____ By: _____

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Company: _____

Initial Size of Labor Force: _____ Anticipated Payroll: \$ _____
(all employees)

Eventual Size of Labor Force: _____ Anticipated Payroll: \$ _____

Types of employees (i.e., production, etc) _____

Number of employees to be recruited from the Denton area: _____
Anticipated Payroll of Denton recruits: _____

UTILITIES

Facility's hours of operation (M- Fri) _____ (Sat) _____ (Sun) _____

Electric:
Anticipated Kilowatt Hours (KWH): _____
(If available, submit actual consumption from similar Facility)

Anticipated demand: _____
(f not available, what will be your electric system's design?)

What type of power equipment will your facility utilize? (include HVAC size, etc.):

Water/Wastewater:
Anticipated water consumption: _____ Gallons per: _____
(if available, submit actual consumption from similar facility)
Peak Water Consumption: _____ Gallon per Hour: _____
What portion of your water consumption will be discharged as runoff?
(lawn sprinkler system, etc) _____ Gallon per: _____
Anticipated fire flow requirements? _____ Gallons per Minute: _____

Additional Information: _____

