



Village of  
  
**Germantown**  
Willkommen

**WASTEWATER UTILITY**

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Effective January 2026

All New Building & Development In  
The Village of Germantown

Re: Sanitary Sewer Connection Data  
For Connection Charge

Water Utility Connection Data  
For Impact Fee

To Whom It May Concern:

The Village Board determined by Resolution No. 27-07 to levy and collect a sanitary sewer connection charge for the initial connection of new facilities, previously non-connected facilities, or additions to existing facilities to the municipal sanitary sewer utility. The sewer connection charge has been set at the rate of \$5,244.00 per Residential Equivalent Connection (REC) unit. In addition, Village Ordinance # 3.14 requires that a pumping, storing and water distribution impact fee be charged for each new water utility customer. The Impact Fee will be based on \$1,003.00 per REC unit.

On the back of this letter is a form used to compile the basic information necessary for us to calculate your Sewer Connection Charge and Water Impact Fee. This form must be completed and returned prior to issuance of your Building Permit. Further, payment of this Sewer Connection Charge and Impact Fee will be required at the time the Building Permit is issued.

If we may be of assistance in completing this form, please call 262-253-7765.

Sincerely,

*Timothy K. Zimmerman*

Timothy K. Zimmerman  
Superintendent of Wastewater Utility

Enclosure

**BUSINESS/INDUSTRY/INSTITUTIONAL DATA FOR UTILITY CONNECTION  
CALCULATION**

A. Owner/Facility Name \_\_\_\_\_

Business Location (Germantown) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Property Tax Key # \_\_\_\_\_ Business Phone \_\_\_\_\_

B. Description of Business Operation/Products/etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Employee Data/Hours of Operation for 2026 S.I.C. Code\* \_\_\_\_\_

1. Hours of Operation \_\_\_\_\_  
\_\_\_\_\_

2. Employee Data – Anticipated

	<u>Number</u>	<u>Hours/Week</u>	<u>Hours/Year</u>
-Full Time (Admin.)	_____	_____	_____
-Full Time (Plant)	_____	_____	_____
-Part Time (Admin.)	_____	_____	_____
-Part Time (Plant)	_____	_____	_____
TOTALS:	_____	_____	_____

3. Do you anticipate a significant change in employee hours or hours of operation during the next twelve (12) months? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, Please Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Information Compiled By: \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (Please Print) Title Phone Number

Email Address

E. Other Information: \_\_\_\_\_  
\_\_\_\_\_

\*=Four-Digit Standard Industrial Classification Code