



Control Number: 47191



Item Number: 544

Addendum StartPage: 0



Registration of Submetered OR Allocated Utility Service

NOTE: Please **DO NOT** include any person or protected information on this form (ex: tax identification #'s, social security #'s, etc.)

Date: _____

By: **47191**
Docket No. _____
(this number to be assigned by the
PUC after your form is filed)

PROPERTY OWNER: Do not enter the name of the owner's contract manager, management company, or billing company. **2018 MAY -4 AM 9:38**

Name	Centennial Stone Hill Two LLC	PUBLIC UTILITY COMMISSION					
Mailing Address:	1316 Town Center Dr	City	Pflugerville	State	TX	Zip	78660
Telephone# (AC)	512-591-0955	Fax # (if applicable)					
E-mail							

NAME, ADDRESS, AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED

Name	Century Stone Hill II						
Mailing Address:	1316 Town Center Dr	City	Pflugerville	State	TX	Zip	78660
Telephone# (AC)	512-591-0955	Fax # (if applicable)					
E-mail	Centurystonehillnorth@firstcommunities.com						

☒ Apartment Complex ☐ Condominium ☐ Manufactured Home Rental Community ☐ Multiple-Use Facility

If applicable, describe the "multiple-use facility" here: _____

INFORMATION ON UTILITY SERVICE

Tenants are billed for	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Wastewater	Submetered <u>OR</u>	<input checked="" type="checkbox"/> Allocated ★★★
Name of utility providing water/wastewater	City of Pflugerville			
Date submetered or allocated billing begins (or began)			Required	

METHOD USED TO OFFSET CHARGES FOR COMMON AREAS Check one line only.

<input type="checkbox"/> Not applicable, because	Bills are based on the tenant's actual submetered consumption
<input type="checkbox"/>	There are <u>neither</u> common areas <u>nor</u> an installed irrigation system

☐ All common areas and the irrigation system(s) are metered or submetered:

We deduct the actual utility charges for water and wastewater to these areas then allocate the remaining charges among our tenants.

☐ This property has an installed irrigation system that is not separately metered or submetered:

We deduct percent (we deduct at least 25 percent) of the utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.

☒ This property has an installed irrigation system(s) that is/are separately metered or submetered:

We deduct the actual utility charges associated with the irrigation system(s), then deduct at least 5 percent of the utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.

☐ This property does not have an installed irrigation system:

We deduct at least 5 percent of the retail public utility's total charges for water and wastewater consumption, and then allocate the remaining charges among our tenants.

★★★IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE TWO OF THIS FORM ★★★

Send this form by mail with a total of (3) copies to:

Filing Clerk, Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

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METHOD USED TO ALLOCATE UTILITY CHARGES

Check the box or boxes that describe the allocation method used to bill tenants.

<input type="checkbox"/>	Occupancy method: The number of occupants in the tenant's dwelling unit is divided by the total number of occupants in all dwelling units at the beginning of the month for which bills are being rendered.
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<input checked="" type="checkbox"/> Ratio occupancy method: The number of occupants in the tenant's dwelling unit is adjusted as shown in the table to the right. This adjusted value is divided by the total of these values for all dwelling units occupied at the beginning of the retail public utility's billing period.	Number of Occupants	Number of Occupants for Billing Purposes
	1	1.0
	2	1.6
	3	2.2
	>3	2.2 + 0.4 for each additional occupant

<input type="checkbox"/> Estimated occupancy method: The estimated occupancy for each unit is based on the number of bedrooms as shown in the table to the right. The estimated occupancy in the tenant's dwelling unit is divided by the total estimated occupancy in all dwelling units regardless of the actual number of occupants or occupied units.	Number of Bedrooms	Number of Occupants for Billing Purposes
	0 (Efficiency)	1
	1	1.6
	2	2.8
	3	4.0
	>3	4.0 + 1.2 for each additional bedroom

<input type="checkbox"/>	Occupancy and size of rental unit	<input type="checkbox"/> percent (in which no more than 50%) of the utility bill for water/wastewater consumption is allocated using the occupancy method checked above. The remainder is allocated according to either:
		<ul style="list-style-type: none"> • the size of the tenant's dwelling unit divided by the total size of all dwelling units, OR • the size of the space rented by the tenant of a manufactured home divided by the size of all rental spaces.

<input type="checkbox"/>	Submetered hot water:
	The individually submetered hot water used in the tenant's dwelling unit is divided by all submetered hot water used in all dwelling units.

<input type="checkbox"/>	Submetered cold water is used to allocate charges for hot water provided through a central system:
	The individually submetered cold water used in the tenant's dwelling unit is divided by all submetered cold water used in all dwelling units.

<input type="checkbox"/>	As outlined in the condominium contract. Describe:

<input type="checkbox"/>	Size of manufactured home rental space:
	The size of the area rented by the tenant divided by the total area of all the size of rental spaces.

<input type="checkbox"/>	Size of the rented space in a multi-use facility:
	The square footage of the space rented by the tenant divided by the total square footage of all rental spaces.



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN		RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		04/12/18	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input checked="" type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i>					
Centennial Stone Hill II			Mansions Stone Hill II		
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
				82-4373703	
10. DUNS Number (if applicable)					
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
				Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:					
15. Mailing Address:					
1316 Town Center Dr					
City		Pflugerville		State TX ZIP 78660 ZIP + 4	
16. Country Mailing Information (if outside USA)					
17. E-Mail Address (if applicable)					
centurystonhillnorth@firstcommunities.com					
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(512) 591-0955				() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Century Stone Hill II	

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23. Street Address of the Regulated Entity: (No PO Boxes)	1316 Town Center Dr						
	City	Pflugerville	State	TX	ZIP	78660	ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City					State	Nearest ZIP Code	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Multi-Family							
34. Mailing Address:	1316 Town Center Drive						
	City	Pflugerville	State	TX	ZIP	78660	ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code			38. Fax Number (if applicable)		
(512) 591-955					() -		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

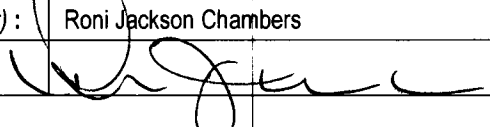
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	Roni Jackson	41. Title:	Regional Assistant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(470) 819-2943		() -	rjackson@firstcommunities.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	First Communities Management	Job Title:	Regional Assistant
Name(In Print) :	Roni Jackson Chambers	Phone:	(470) 819-2943
Signature:		Date:	05/03/2018