



SEWER
AVAILABILITY Request &
PERMIT Approval Form

To be completed by **applicant**:

Applicant Name: _____ Phone # _____

Mailing Address: _____
Street City/State/Zip

Applicant Signature: _____ Date: _____

Site Address: _____ Tax Parcel #: _____

To be completed by authorized **sewer system personnel**:

The above named applicant has submitted a development permit application requiring verification of a valid sewer connection. Please review the information provided and determine if all appropriate fees have been paid and the connection is authorized.

Proposed development _____

Tax Parcel # _____ Site Location _____

System Name: _____

This system has authorized a connection and will provide service to the site and project listed

above: Yes _____ No _____ Connection # (if applicable) _____

This property is located at the address listed at the top of this page. All fees have been paid and the connection is authorized.

Signature/Title: _____ Date: _____
Signature of authorized sewer district employee

To be completed by **permit administration staff**:

Project Description: _____

Building/Sewer Permit/Application # _____

Sewer Connection Fee Paid: Receipt # _____ Staff initials: _____