

CITY OF LAKEWOOD, COLORADO
CERTIFICATE OF WATER SERVICE AVAILABILITY
DEPARTMENT OF PUBLIC WORKS – Information Phone: 303-987-7500

Job Address	Date	Building Permit No.
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Legal Description	Lot	Block	Subdivision
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<p>Use of Building</p> <p>Single Unit Dwelling Two Unit Dwelling Accessory Dwelling Unit</p> <p>COMMERCIAL & INDUSTRIAL</p> <p>Automotive ____-Unit Apt, Motel, Hotel Business Office Building Warehouse Processing Plant Manufacturing Plant School Church Hospital Restaurant</p> <p>Other (Describe) _____</p>	<p>TYPE & NUMBER OF CONNECTIONS</p> <p>Existing Connection New Construction, Proposed Tap Size _____ Number of Buildings _____ Number of Connections _____ Alteration to existing service tap size Existing Size: _____ Proposed Size: _____</p>	<p>NOTE TO APPLICANT</p> <p>Building permit will not be issued without the Certificate of Water Service Availability signed by the water provider.</p> <p>When approved, return to the Department of Public Works, 470 South Allison Parkway, Civic Center North, Lakewood, Colorado 80226-3106.</p>
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The undersigned hereby requests certification that water distribution facilities are available to service the above described premises. The undersigned is the owner, agent or officer of the owner empowered to bind the owner and the owner's successors in interest to abide by the laws, rules, and regulations pertaining to the water distribution facilities serving the premises and to pay the rates, charges, and fees for such use.

THIS CERTIFICATE IS NOT A PERMIT TO CONNECT TO THE WATER SYSTEM. THE APPLICANT MUST APPLY TO THE PROPER WATER PROVIDER, PAY THE PROPER FEES, AND RECEIVE A PROOF OF PAYMENT STATEMENT BEFORE CONNECTING TO THE WATER SYSTEM. Water provider rules and requirements must be met before a certificate of occupancy will be issued.

Owner	Address	Telephone
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Authorized Agent	Address	Telephone
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To be completed by the water provider:

I hereby certify that water distribution facilities to serve the premises by

Water Provider

ARE AVAILABLE
ARE NOT AVAILABLE
ARE AVAILABLE UPON THE FOLLOWING CONDITIONS: _____

Authorized By	Date
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