

**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><b>Use of Building</b></p> <p><input type="checkbox"/> Single Unit Dwelling  <input type="checkbox"/> Two Unit Dwelling  <input type="checkbox"/> Accessory Dwelling Unit</p> <p><b>COMMERCIAL &amp; INDUSTRIAL</b></p> <p><input type="checkbox"/> Automotive  <input type="checkbox"/> ___-Unit Apt, Motel, Hotel  <input type="checkbox"/> Business  <input type="checkbox"/> Office Building  <input type="checkbox"/> Warehouse  <input type="checkbox"/> Processing Plant  <input type="checkbox"/> Manufacturing Plant  <input type="checkbox"/> School  <input type="checkbox"/> Church  <input type="checkbox"/> Hospital  <input type="checkbox"/> Restaurant</p> <p><input type="checkbox"/> Other (Describe) _____          _____</p>	<p align="center"><b>TYPE &amp; NUMBER OF CONNECTIONS</b></p> <p><input type="checkbox"/> Existing Connection  <input type="checkbox"/> New Construction,          Proposed Tap Size _____  <input type="checkbox"/> Number of Buildings _____  <input type="checkbox"/> Number of Connections _____  <input type="checkbox"/> Alteration to existing service tap size          Existing Size: _____          Proposed Size: _____</p>	<p align="center"><b>NOTE TO APPLICANT</b></p> <p><b>Building permit will not be issued without the Certificate of Water Service Availability signed by the District.</b></p> <p><b>Return when approved, to the Department of Public Works, 480 South Allison Parkway, Civic Center North, Lakewood, Colorado 80226-3106.</b></p>
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The undersigned hereby requests certification that water distribution facilities are available to service the above described premises. Said individual further states they are the owner or 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 SEWER WATER DISTRICT SERVICE AUTHORITY, PAY THE PROPER FEES, AND RECEIVE A PROOF OF PAYMENT STATEMENT BEFORE CONNECTING TO THE WATER SYSTEM. Water District 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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I hereby certify that water distribution facilities to serve the premises by

<p>Water District</p> <p><input type="checkbox"/> ARE AVAILABLE  <input type="checkbox"/> ARE NOT AVAILABLE  <input type="checkbox"/> ARE AVAILABLE UPON THE FOLLOWING CONDITIONS: _____          _____</p>
<p>Authorized By _____ Date _____</p>