

CITY OF LAKEWOOD, COLORADO
CERTIFICATE OF SANITARY SEWER 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 style="text-align: center;">TYPE & NUMBER OF CONNECTIONS</p> <p>Single Unit Dwelling Two Unit Dwelling Accessory Dwelling Unit</p> <p>COMMERCIAL & INDUSTRIAL</p> <p>____-Unit Apt, Motel, Hotel Business Office Building Warehouse Processing Plant Manufacturing Plant School Church Hospital Floor Drains Special Wastes (Describe) _____</p> <p>Existing Connection New Construction Transfer of Ownership Number of Buildings _____ Number of Connections _____ ____-Unit Condominium ____-Unit Planned Building Group Multiple Connection Expanded Connection Addition Alteration Repair</p>	<p style="text-align: center;">NOTE TO APPLICANT</p> <p>Building permit will not be issued without the Certificate of Sewer Service Availability signed by the sewer 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 sewage transportation and treatment 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 sewage transportation and treatment 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 SEWER. THE APPLICANT MUST APPLY TO THE PROPER SANITARY SEWER SERVICE PROVIDER, PAY THE PROPER FEES, AND RECEIVE A TAP PERMIT BEFORE CONNECTING TO THE SANITARY SEWER SYSTEM. Sewer provider Rules and Requirements must be met before a certificate of occupancy will be issued.

Owner (print and sign name)	Address	Telephone
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Authorized Agent	Address	Telephone
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To be completed by Sanitary Sewer Service Provider:

I hereby certify that sewage transportation and treatment facilities to serve the premises by

Sanitary Sewer Service Provider

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

Authorized By	Date
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