Certification of Public Sanitary Sewer Service

Applicant: complete the first part of this form and take to the Sewer District that serves the property. Please print legibly.

Site Address or Location ____________________________________________

LU Number_______________________________________ Total number of residential units _____________________

Tax Account # State ID # Addition/Section Block Lot/Tax Lot

| R | R | R |

Land Use Review Proposal

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Applicant’s Name ____________________________________________________________

Mailing Address ________________________________________________________________

City____________________________ State_________ Zip Code __________ Phone __________________________

Approval of most land uses involving a new or expanded use or involving the creation of a new parcel requires verification of adequate sanitary sewer service to the property.

If you propose to use a public sanitary sewer system, complete the applicable sections of this form and deliver it to the appropriate sewer district. After the sewer district completes the section below and returns the form to you, include this completed form with your land use review application.

Applicant, do not write below this line.

To be completed by a Sewer District Official

☐ The district will provide service from a _______ inch line located in __________________________

The proposed use should be required to make the following sanitary sewer system improvements as a condition of approval __________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

☐ The district is incapable of providing service to this property at this time because __________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Sewer District __________________________________________________________

Name of Official__________________________ Office Held __________________________

Address ____________________________________________

Phone ____________________________ Date __________________________

RETURN THIS FORM TO THE APPLICANT