



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