

# Sheridan Sanitation District #2

PO Box 5460  
Englewood, CO 80155  
(303) 513-0901

## SANITARY SEWER CONNECTION / TAP PERMIT APPLICATION

DATE: \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PROPOSED CONNECTION / TAP TYPE (circle one)- Single Family Residential, Accessory Dwelling Unit (ADU) or Other Than  
Single Family Residential (Commercial)

PLUMBER/PLUMBING COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

### NOTICE OF CONNECTION

The applicant further agrees to notify the Sheridan Sanitation District #2 of the date of the proposed connection and will allow a representative to inspect and approve the plumbing connection into the District's system before the work is covered. The applicant agrees to uncover the service line connection should they fail to secure the inspection approval from a District representative.

The connection costs will be based on current rates established by the District. The applicant agrees to supply the District all the necessary information, plans and/or records to correctly calculate the connection/tap fee.

**Name of Applicant:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

DISTRICT USE BELOW

Connection Inspection Date: \_\_\_\_\_ Inspected by: \_\_\_\_\_

(Approval to cover the lines is granted with approval of the inspection)

Application approval date: \_\_\_\_\_

Amount of payment received by SSD#2: \$ \_\_\_\_\_ SSD#2 Representative: \_\_\_\_\_