

# *Sheridan Sanitation District No. 2*

2001 16th St, Ste. 1700  
Denver, CO 80202  
(303) 779-5710

## **Sanitary Sewer Service Connection / Tap Permit Application**

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

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S NAME (Applicant): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PROPOSED CONNECTION / TAP TYPE: (check one)

- Single Family Residential
- Accessory Dwelling Unit (ADU)
- Other Than Single Family Residential (Commercial)

I certify that I own the property at the above listed property (service) address and agree to provide the Sheridan Sanitation District #2 (District) all necessary information, plans and/or records to correctly calculate the connection/tap fee. The sewer connection charge (connection/tap fee) will be based on current rates established by the District.

In addition, I agree to:

1. Submit full payment of the sewer connection charge to the District prior to connection to the District's main line.
2. Comply with all requirements of the District's Rules and Regulations.
3. Engage the services of a licensed plumber in the State of Colorado to perform the sewer service connection.
4. Notify the District of the date for the proposed connection (48 hours' prior notice). Allow a representative of the District to inspect and approve the plumbing connection at 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.
5. Comply with all requirements of the City of Sheridan when working within their rights-of-way.
6. Agree to hold harmless the Sheridan Sanitation District #2, their Board of Directors and its contractors for any harm or unanticipated consequences arising from this request.

PLUMBER/PLUMBING COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

COMPANY PHONE NUMBER: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Return completed form to Nic Carlson (SSD#2 Manager) at [Nicholas.Carlson@claconnect.com](mailto:Nicholas.Carlson@claconnect.com)*

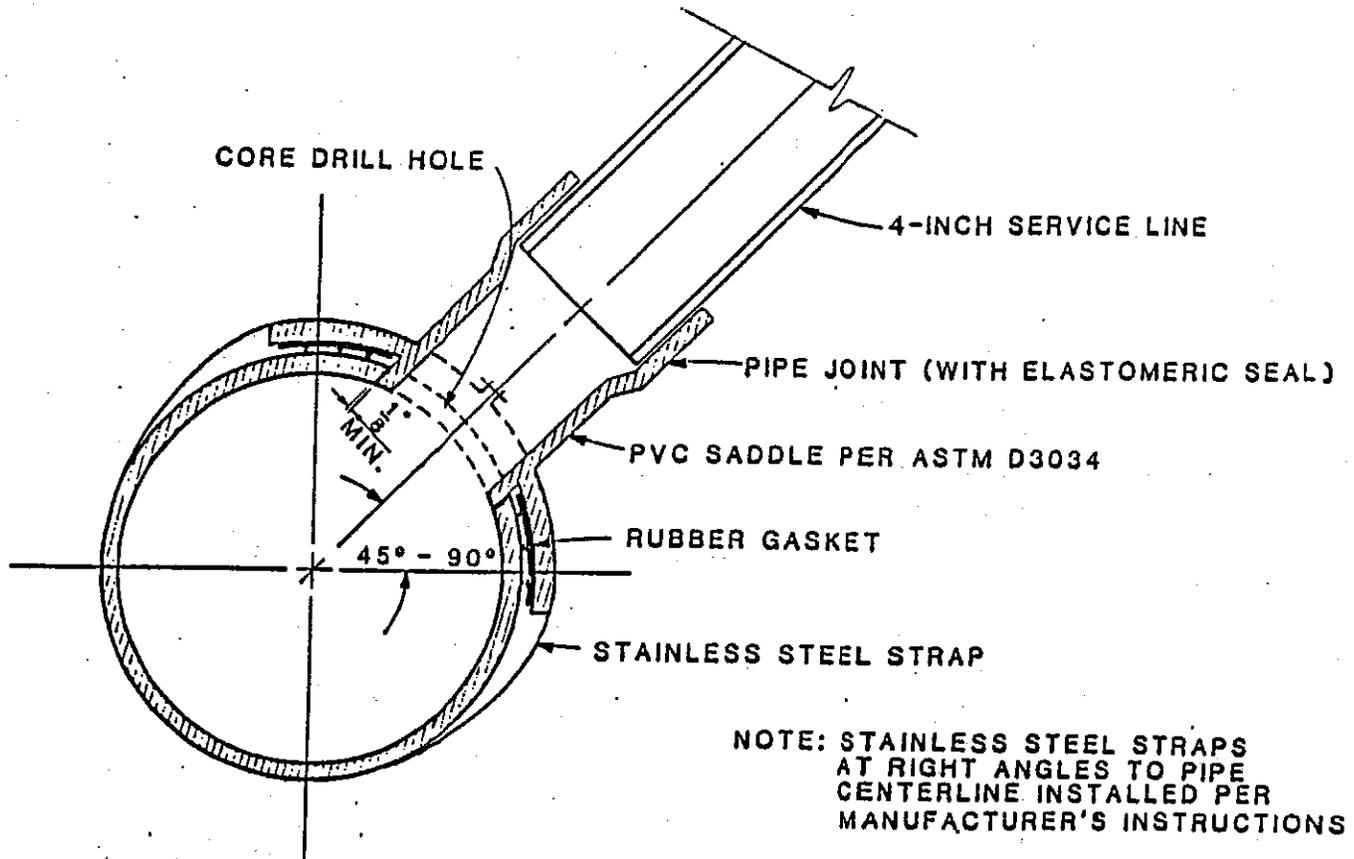
### **DISTRICT USE BELOW**

Connection Inspection Date: \_\_\_\_\_ Inspected by: \_\_\_\_\_  
(Approval to cover the lines is granted with approval of the inspection)

Amount of payment received by SSD#2: \_\_\_\_\_ SSD#2 Rep: \_\_\_\_\_

RECEIVED AUG 14 1985

EXHIBIT A



NOTE: THE PVC SADDLE MUST BE FASTENED  
TO THE MAIN USING EPOXY IN ADDITION  
TO THE STEEL STRAPS.

# CONNECTIONS WITHOUT MANHOLE

N.T.S.