

**CHERRY HILLS HEIGHTS WATER AND SANITATION DISTRICT
APPLICATION: SEWER SERVICE LINE DISCONNECTION PERMIT
Pursuant to Section 3 of the District's Sanitary Sewer Rules and Regulations ("Rules")**

Date of Application: _____

Service Address: _____
_____ Zip: _____

Legal Description: Lot _____ Block _____
Subdivision: _____

Owner Name: _____

Cell Phone: _____ Email: _____

Owner Address: _____
_____ Zip: _____

Applicant Name (and Company, if applicable): _____

Relationship to Owner: _____

Cell Phone: _____ Email: _____

Address: _____
_____ Zip: _____

With your application, please provide the following:

a. Check made out to the District for the estimated review and inspection fees, as specified by the District:
\$_____.

b. Anticipated duration of the disconnection: _____.

c. Will the disconnection be permanent?

____ Yes

____ No

d. The proposed location and plans for the disconnection, including the proposed location of the cutoff and type of plug proposed. The plans should reflect compliance with any applicable requirements in the District's Specifications.

e. Name of person/company that will perform the work, along with evidence that the person/company meets the licensing requirements of Article 1 of the District's Rules.

e. Certificates of Insurance for that person/company showing compliance with Section 2.8.3 of the District's Specifications.

f. The agreement required by section 2.8.1 of the District's Specifications, signed by an individual or individuals having authority to sign the agreement. (See attached form.)

g. Anticipated date of the work: _____.

Note: A Connection Permit is required before a disconnected Service Line is reconnected to the Main.

By making this Application for a Disconnection Permit, the Applicant acknowledges that he/she/it is bound by and will adhere to the District's Rules, including, but not limited to, the Specifications included within the Rules. The Rules may be accessed at the District's website: www.cherryhillsheightswsd.colorado.gov. The Applicant acknowledges the District's notification and inspection requirements contained in Section 3.8.3 of the Rules and Section 2.19 of the Specifications. The Applicant acknowledges that he/she/it is bound by and will also comply with all of the City of Englewood's rules, regulations and other requirements and understands that Englewood may charge fees in addition to those charged by the District. The Applicant acknowledges that the District may terminate sewer service for cause, including, but not limited to, for non-payment of fees and charges, failure to comply with the District's Rules, Specifications, standards or permits, and/or failure to comply with the City of Englewood's requirements, standards or specifications.

Applicant represents that all information provided in and with this application is true and complete to the best of Applicant's knowledge and that Applicant has authority to sign this application.

PAYMENT IN THE AMOUNT OF \$ _____ IS ATTACHED

APPLICANT SIGNATURE: _____

COMPANY NAME (if applicable): _____

DATE: _____

BASED ON THE APPLICATION AND THE OTHER MATERIALS SUBMITTED BY THE APPLICANT, I AM ISSUING THE REQUESTED DISCONNECTION PERMIT ON BEHALF OF THE DISTRICT, SUBJECT TO ANY ADDITIONAL CONDITIONS BELOW:

SIGNATURE: _____

DATE: _____

NAME (PRINT): _____

TITLE: _____

PERMIT NO. _____ EXPIRES SIX MONTHS AFTER APPROVAL DATE.

ADDITIONAL CONDITIONS: