

Central Clear Creek Sanitation  
PO Box 162  
Dumont, CO 80436  
District Manager 303-944-1913  
District Engineer 303-477-5915

Application for  
**SEWER TAP  
PERMIT**

Tap No.	_____
Date Issued	_____
Receipt No.	_____

**IMPORTANT:** The Sewer Service Billing shall begin upon sewer tap date or 6 months after payment of the sewer tap (Which ever one item is first)  
The application must be completed in its entirety before tap permit is issues. **Any missing information will delay processing.**

**BUILDING INFORMATION**

Property Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Building No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
Name of Commercial Building \_\_\_\_\_ Plans Attached \_\_\_\_\_

**LEGAL DESCRIPTION**

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat No. \_\_\_\_\_  
Subdivision Name \_\_\_\_\_ Filing No. \_\_\_\_\_

**APPLICANT FOR TAP**

Applicants Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home/Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CONTRACTOR CONNECTING THE TAP**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**TYPE OF TAP**

Single Family Residential  Multifamily Family Residential (# of Dwelling Units:) \_\_\_\_\_  
 Commercial/Industrial (Water Tap Size) \_\_\_\_\_

**FEES**

System Development Fee	\$9,450.00
Tap Fee	\$300.00
Admin Fee	\$250.00
Total	\$10,000.00

Applicants Signature \_\_\_\_\_  
Board Member Signature \_\_\_\_\_  
Board Member Signature \_\_\_\_\_