



COMMERCIAL APPLICATION FOR SANITARY SEWER SERVICE

Send application to: sda.plan.review@cleanwaterteam.com

Please complete the information below:

Project Name: _____

BD#: _____ Scope Of Work: _____ Type of Business: _____

Site Address: _____

Bldg/Ste/Space/Unit: _____ Assessor's Parcel Number (APN): _____

Service Information: [Please check one] New Construction Tenant Improvement/Remodel Shell

- Is the project a "Food Establishment" as defined by the Southern Nevada Health District Food Establishment Regulations? YES NO
- Does the Food Establishment require a Fats, Oil, Great and Grit (FOGG) Interceptor? YES NO
- Does the project have a three-compartment sink? YES NO
- Project has a process that uses water/sewer to produce, manufacture or test? YES NO
- Project is/has a hospital, nursing home, school, casino with kitchen, or commercial kitchen? YES NO
- Is the project a vehicle wash or laundry facility? YES NO
- Is the project a vehicle repair/maintenance facility or a facility where floor drains are subject to collecting vehicle waste? YES NO

A "YES" response to any of the above requires the parcel, property, or building to install either a FOGG interceptor or sand oil separator (SOS) in compliance with Clark County Water Reclamation District (District) Service Rules. A receipt will be issued specifying whether either the FOGG interceptor or the SOS is required.

Contractor/Builder: _____

Contact Person: _____ Phone #: _____

Email Address: _____

The District will furnish sanitary sewer service only in accordance with the Service Rules (as may be amended). All fees, charges, rules, and regulations contained in the Service Rules apply to every application for sanitary sewer service. All customers who apply for and receive sanitary sewer service agree to be bound by District Service Rules. The District Service Rules are available at www.cleanwaterteam.com

By submitting the application, the customer agrees to defend, indemnify, and hold harmless the District and its employees, officials, and agents from and against any and all claims, actions, suits or proceedings brought against the customer or the District for, or on account of, any matter arising from the activities occurring at, or associated with, the Site Address.

Approval of this application for connection to the District's treatment works is based on the submitted plans. The District may, but is not obligated to, inspect a customer's property to verify compliance with Service Rules, including but not limited to, the location and type of installed fixtures. If additional fixtures (for which an SDA has not been issued) are found the legal owner will be responsible for paying the applicable SDA fees in effect at the time of discovery.

Authorized Signature: [Please check one]

- I am the Property Owner, or
- Authorized Agent*

*As Authorized Agent, I certify that I am acting on the Property Owner's behalf and at the Property Owner's direction.

Signed: _____

Print Name

Date

