



BUENA VISTA SANITATION DISTRICT  
 26200 COUNTY ROAD 301 • P.O. BOX 3069  
 BUENA VISTA, CO 81211  
 (719) 395-8095 • FAX (719) 395-5859  
[www.buenavistasanitationdistrict.com](http://www.buenavistasanitationdistrict.com)

For Office Use	
Tap #	_____
Check \$	_____
Check #	_____
Date	_____
EQR	_____

**TAP PERMIT APPLICATION  
 APPLICATION FOR PERMIT TO TAP SEWER LINE**

THE UNDERSIGNED owner of the following described property hereby applies for a permit to tap the sewer line of the Buena Vista Sanitation District for the purposes shown below and, in connection therewith, agrees to be bound by and to comply with the rules, regulations, and engineering standards of the District. The sewer tap, related hardware, and service line extending from the property must be maintained at the owner's expense. The owner is liable for all damages caused by any leaks from said sewer tap, related hardware, and service lines and indemnifies the District against any loss (including reasonable attorney's fees) caused by the owner's failure to satisfy such liability.

THE UNDERSIGNED agrees that the excavation will be left open until inspected and approved by the District and the owner's contractor or excavator is named below. The undersigned must give the District forty-eight (48) hours advance notice for final inspection. The undersigned also acknowledges that a check valve is required in all basement drains.

THE UNDERSIGNED agrees that monthly billing commences on the date the tap connection is made.

Street Address \_\_\_\_\_ Legal Description \_\_\_\_\_

Owner's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 (street)

\_\_\_\_\_ Email \_\_\_\_\_  
 (city, state, zip code)

Agent's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
 (if applicable)

Contractor/Excavator Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**TAP DESCRIPTION**

Explain what you are building and the use of the property \_\_\_\_\_

Examples: Single Family (SFR) SRF w/ADU, Basement, Commercial

**\*NOTE\***

In the event of any changes made to the physical building or any change of the use for the property, please notify the District for possible change of EQR and additional applicable fees (e.g. adding apartment, ADU, going to commercial use, etc)

\_\_\_\_ Initial

**SEWER TAP PERMIT**

THE BUENA VISTA SANITATION DISTRICT acknowledges receipt from the above owner of \$ \_\_\_\_\_ as a sewer tap fee and \$ \_\_\_\_\_ as an inspection fee and does, subject to the term of the Application, issue a Permit to the owner of the above described property to tap the District's service line for sanitary sewer service on the above described property. This sewer Tap Permit shall be valid for six (6) months from the date hereof. If your connection is not made within the six-month period, this Permit shall be void and all monies paid by the owner shall be refunded except for one hundred dollars (\$100.00) which shall be retained as an administrative charge for the District's services in connection herewith.

**BUENA VISTA SANITATION DISTRICT**

By \_\_\_\_\_ Date \_\_\_\_\_  
 Office Administrator

Approved \_\_\_\_\_ Date \_\_\_\_\_  
 District Manager