



## SECTION A – APPLICATION FORM

AN ELECTRONIC SUBMITTAL IS PREFERRED. PLEASE E-MAIL COMPLETED FORM TO [CSD-UTAP@WASHOECOUNTY.GOV](mailto:CSD-UTAP@WASHOECOUNTY.GOV)  
Washoe County’s Requirements and Schedule of Rates and Charges and Pretreatment Program for Sanitary Sewer Service Ordinance No. 1615

### Application Submitted By (print):

#### PROJECT OWNER INFORMATION (Legal Name and Address for Owner Required)

Name \_\_\_\_\_ Attn: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

#### ARCHITECTURAL FIRM (Required)

Name \_\_\_\_\_ Attn: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

#### ENGINEERING FIRM (If applicable)

Name \_\_\_\_\_ Attn: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

#### PROJECT INFORMATION (must have APN & address issued prior to applying for service)

Service Address \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Assessor Parcel # (APN) \_\_\_\_\_

#### Brief Project Description (Required)

\_\_\_\_\_  
\_\_\_\_\_

Are there auxiliary water sources on the project site? (Required) Yes No

## SECTION B – SUBMITTAL REQUIREMENTS

The Permittee shall provide (1) set of plumbing and Mechanical plans 24 inches by 36 inches in size prepared and stamped by a licensed professional in the State of Nevada. An electronic copy of the plans must be submitted in a .pdf file. A \$250 plan review fee is due at the time of application. Make check payable to Washoe County Treasurer but deliver the check to Washoe County Utilities to be processed. The workflow may take as long as 10 business days from submittal date to the issuance of the sewer will-serve letter.