Ventura County Environmental Health Division
800 S. Victoria Ave., Ventura CA 93009-1730
TELEPHONE: 805/654-2813 FAX: 805/654-2480
Internet Web Site Address: *www.vcrma.org/divisions/environmental-health*

SEWER SERVICE CERTIFICATE - FOR SUBDIVISIONS

PLEASE ALLOW A MINIMUM OF 2 FULL BUSINESS DAYS FOR PROCESSING

TO BE FILLED OUT BY APPLICANT

1. Project Number: _____
   TRACT MAP, PARCEL MAP, PARCEL MAP WAIVER
2. Total number of sewer service connections: _____ + _____
   existing proposed
3. Assessor's Parcel Number: ___ ___ ___ - ___ - ___ ___ ___ - ___ ___ ___
4. Owner's/Applicant's Name: _____
5. Mailing Address:
   _____
   Street City Zip
6. Telephone: _____

TO BE FILLED OUT BY SANITARY DISTRICT

Date: _____

The: _____
Sanitary District

received a request to provide public sewer service to the total number of connections identified above.

This letter is to certify that:

1. a. A binding agreement has been entered into between the owner of the land and the public sewer entity, enforceable by the owner and the owner's successors in interest to the land, providing, on terms substantially the same as those given the public sewer entity's customers generally, for the connection to the public sewer entity's system of each lot proposed to be served by the public sewer entity.

   OR

   b. Each lot proposed to be served by the public sewer entity will be served through an existing connection provided by the public sewer entity to the property.
2. The portion of the improvement plans containing the design and specifications for subdivision sewer is satisfactory to the public sewer entity.

By: _____ _____
DESIGNATED SANTITARY DISTRICT REPRESENTATIVE TITLE

FOR OFFICE USE ONLY

Received by: _____

Date Recd.: _____ Amt. Recd.: _____

Receipt No.: _____ Check No.: _____

SR#: _____ **PE#: 2665**

AR#: _____

Approved _____ Denied_____

Date: _____

EHD Specialist _____

DISTRIBUTION: 1. EHD **2.** RMA Planning **3.** Applicant