



**REQUEST FOR CAPACITY AND
SEWER CONNECTION PERMIT**
For Commercial Properties

DATE: _____

PROPERTY ADDRESS: _____

ASSESSOR PARCEL NO.: _____

PROPERTY CURRENTLY BEING SERVED BY MGSD? Yes No

APPLICANT: Property Owner Agent (Must Provide Authorization to Represent from Owner)

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE NO. _____ FAX NO. _____

PROPERTY OWNER OF RECORD, if different from Applicant:

Pursuant to MGSD Code 7.010, all statements for sewage rates and charges shall be rendered and mailed to the property owner.

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE NO. _____ FAX NO. _____

**REQUEST FOR CAPACITY AND SEWER CONNECTION PERMIT FOR:
APN: _____**

PROPERTY OWNER CERTIFICATION:

I, the property owner of record of the above described property, hereby request allocation of capacity and/or a sewer connection permit from the MINDEN-GARDNERVILLE SANITATION DISTRICT. I certify that no property other than the above referenced property or public property will be crossed in order to have access to the sewer. If other properties must be crossed, a twenty (20) foot easement in a form suitable to the District's engineer, legal counsel and Board will be provided. In addition, I agree to maintain the private sewer (i.e., lateral) in accordance with the provisions of the District ordinances and will pay any costs incurred by the District in correcting the deficiencies in the private sewer line.

Property Owner Signature

Date

Items to Be Submitted with this Application:

1. Plans prepared by an architect or engineer licensed in the State of Nevada showing:
 - Location of premises to be served;
 - Location and depth of public sewer at the proposed sewer connection;
 - Location of all drains, existing and proposed, within the premises;
 - Location and depth of public sewer at the proposed sewer connection;
 - Details for Grease Interceptor, if required
 - Appropriate MGSD Standard Details
2. If applicant is not the property owner, Authorization to Represent signed and notarized by the property owner.
3. Payment of Submittal Fee -- \$100.00
4. Payment of any delinquent accounts and/or outstanding balances on any property within the District boundary and/or served by contract or service that owned by the above-named property owner.
5. Payment of Capacity Fee, Connection Fee, and Plan Review Fee to be determined by the District Manager.
6. Address to which bills are to be mailed.
7. Sufficient data that will enable the District to verify conformance with the District's standards;
8. Certification by the property owner that no property other than his or her own or public property will be crossed in order to have access to the sewer. If other properties must be crossed, a twenty (20) foot easement in a form suitable to the District's engineer, legal counsel and Board must accompany the application;
9. Certification by the property owner that the owner agrees to maintain the private sewer (i.e., lateral) in accordance with the provisions of the District ordinances and will pay any costs incurred by the District in correcting the deficiencies in the private sewer line.



OWNERS' REPRESENTATIVE:

NAME: _____

FIRM NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE NO. _____ **FAX NO.** _____

AUTHORITY TO REPRESENT

I, _____, hereby authorize the above named representative, _____, to represent me at the Minden-Gardnerville Sanitation District Board Meetings and act in any and every manner for me at such meetings as if I were present myself, giving and granting to such person, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done for my benefit as if I was present myself. This authority to represent shall be limited to the above named representative, _____.

This authority to represent shall commence upon the date of execution herein and shall continue up to and including _____, unless otherwise revoked by written notice from me.

IN WITNESS WHEREOF, I have executed this Authorization to Represent on this _____ day of _____, 20__.

Owner

STATE OF _____)
: SS
COUNTY OF _____)

On _____, 20__, personally appeared before me, a Notary Public, _____, who acknowledged that ___he executed the above instrument.

Notary Public

