

City of Cookeville
Sewer Service Availability Request

Building Permit # _____

EMAIL TO: Matthew Phillips, PE (mdp@cookeville-tn.gov)

OR

MAIL TO: Matthew Phillips, PE
 City of Cookeville
 Department of Water Quality Control
 1860 South Jefferson Ave
 Cookeville, TN 38501

<p>Proposed Development Site:</p> <p>Street Address: _____</p> <p>Parcel Number for Primary Parcel: Control Map Group Parcel#</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p>Additional Parcel Numbers: _____</p> <p>Describe the proposed/current/prior land use and any existing structures, as well as proposed structures:</p>	<p style="text-align: center;">WQC Use Only</p> <p>Date Rec'd _____</p> <p>Processed by: _____</p> <p>Basin _____</p> <p>Prior Usage (gpd) _____</p> <p>Proposed (gpd) _____</p> <p>Change (gpd) _____</p> <p>Cap Available (gpd) _____</p> <p>Credits Used _____</p>
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<p>Proposed Development:</p> <p><input type="checkbox"/> Single Family Residence: # Residences: _____ gpd</p> <p><input type="checkbox"/> Condos/Townhomes: # 1-BR _____ # 2-BR _____ # 3-BR _____ # 4-BR _____ gpd</p> <p><input type="checkbox"/> Apartments: # 1-BR _____ # 2-BR _____ # 3-BR _____ # 4-BR _____ gpd</p> <p><input type="checkbox"/> Office Building: Finished Square Footage: _____ # Employees: _____ gpd</p> <p><input type="checkbox"/> Retail: Finished Square Footage: _____ # Employees: _____ gpd</p> <p><input type="checkbox"/> Warehouse: Square Footage of Finished Office Space: _____ # Employees including office: _____ gpd</p> <p><input type="checkbox"/> Restaurant/Food Service: # of Seats: _____ gpd</p> <p><input type="checkbox"/> School/Daycare: Elementary or Below _____ Middle School or Above _____ # Students: _____ gpd</p> <p><input type="checkbox"/> Doctor/Dental Care: # Doctors: _____ # Staff: _____ # Patients: _____ gpd</p> <p><input type="checkbox"/> Veterinary Clinic/Dog Kennel: # Staff: _____ # Runs: _____ # Cages _____ gpd</p> <p><input type="checkbox"/> Hospital: # Beds: _____ gpd</p> <p><input type="checkbox"/> Nursing Home/Assisted Living: # Patients: _____ # Residential Staff: _____ # Non-Residential Staff: _____ gpd</p> <p><input type="checkbox"/> Hotel/Motel: # Rooms: _____ gpd</p> <p><input type="checkbox"/> Church: # Sanctuary Seats: _____ Kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ gpd</p> <p>Other (describe below – include square footage, occupancy, number of parking spaces, etc as applicable): _____ gpd</p> <p style="text-align: right;">Total Flow: _____ gpd</p>	<p style="text-align: center;">Est. Sewage Flow, gpd (WQC Use Only)</p>
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I certify that I am the (*check one*) owner developer engineer or architect representing the owner and that all information provided is true and accurate to the best of my knowledge.

Phone: _____ Signature: _____ Date: _____

Email: _____ Printed Name: _____

Company: _____

Mailing Address: _____

Sewer Service Availability expires one (1) year after the approval date (below) in accordance with the Capacity Assurance Program. After the approval date, a new request shall be submitted.

Approved by: _____

Date: _____