



City of Chattanooga, TN
 Waste Resources Division
 455 Moccasin Bend • Chattanooga, TN 37405
 Phone: (423) 643-7488 Fax: (423) 643-6901

Permit No.:	_____
Project Name:	_____
Request Fee (\$XX/Connection - \$100 minimum): \$	_____
Admin. Charge: \$	250
NOT REFUNDABLE	TOTAL FEE \$ _____

SANITARY SEWER CAPACITY CERTIFICATION REQUEST FORM

Please Print Clearly or Type	Contract Value of Work: \$		Fee Adjustment: \$		Approved by	
	PROPERTY ADDRESS					
	Number and Street Name				Suite / Unit Number	
	State Tax Map Number				Zip Code	
	Ownership is: <input type="checkbox"/> Private <input type="checkbox"/> Public (Government)					
	Name		Mailing Address – Number, Street, City, ST & Zip Code		Telephone Number	
Owner	First	Last				
	Company					E-mail Address:
Contractor	First	Last				
	Company		State Lic. #	County Lic. #	City Business Lic.#	Worker's Comp? Yes <input type="checkbox"/> Exempt <input type="checkbox"/>
Engineer	First	Last				
	Company		State Lic. #	County Lic. #	City Business Lic.#	E-mail Address:
Applicant / Agent	First	Last				
	Company or Relationship to Appl.					E-mail Address:
TYPE OF WORK		PROPERTY OCCUPIED/USED AS ZONED			Proposed Starting Date: _____	
<input type="checkbox"/> New Construction		<input type="checkbox"/> Institutional			Projected Completion Date: _____	
<input type="checkbox"/> Addition		<input type="checkbox"/> Industrial			This permit will expire on this date if an	
<input type="checkbox"/> Alteration		<input type="checkbox"/> Residential			Extension is not requested in writing within	
<input type="checkbox"/> Repair / Replace		<input type="checkbox"/> Commercial			30-days of termination.	
Provide the following information in your submittal package:						SANITARY SEWER CAPACITY REQUESTS ISSUED ARE VALID FOR A PERIOD OF ONE-YEAR FROM THE DATE OF ISSUANCE. IN ADDITION, SPECIAL REGULATIONS APPLY. SEE CITY ORDINANCE 10708.
<input type="checkbox"/> Proposed daily flow calculations including a detailed calculation sheet Certified by a Design Professional in the State of Tennessee.						
<input type="checkbox"/> Include estimated peak hour flows and instantaneous peak flows for all industrial and commercial projects.						
<input type="checkbox"/> Proposed utility plans						
<input type="checkbox"/> GIS map depicting all connections and adjacent utilities						
<input type="checkbox"/> Sanitary Sewer Sub-basin: _____						
<input type="checkbox"/> Downstream pump station (if applicable): _____						
Average Daily Flow (MGD):				Nearest Downstream Existing Manhole ID:		
<p>I certify under the penalty of law that I have examined and am familiar with the information submitted and believe the submitted information to be true and accurate. THE GRANTING OF THIS PERMIT DOES NOT AFFECT ANY RIGHTS THIRD PARTIES MAY HAVE PURSUANT TO DEED RESTRICTIONS, COVENANTS RUNNING WITH THE LAND, OR OTHER PRIVATE ARRANGEMENTS. Persons performing construction work under this permit must observe Tenn. Law. (Pub. Chap. 289 Acts of 1955) providing for precautions to be taken in vicinity of high voltage wires.</p>						
_____				Signature _____		Date _____
Property Owner or General Contractor (Print)						

Company Name						



City of Chattanooga, TN

Waste Resource Division

455 Moccasin Bend • Chattanooga, TN 37405

Phone: (423) 643-5800 Fax: (423) 643-5848

Capacity Certification Analysis Recommendations

There is adequate capacity to accommodate the projected flows

There is not adequate capacity to accommodate the projected flows. There are however projects under way to improve capacity and accommodate the projected flows. The following projects must be completed prior to introducing flow into the system:

Project:	Estimated Completion Date:
Project:	Estimated Completion Date:
Project:	Estimated Completion Date:

There is not adequate capacity to accommodate the projected flows. The following upgrades are required:

There was insufficient information submitted. Please submit the following information:

This document becomes the SANITARY SEWER CAPACITY CERTIFICATION when signed for or by the Waste Resources Department Official and purchase receipt is attached.

By _____, Date _____
Waste Resources Department Official