



Sewer Use and Drainage Permit Application

Development Services

Wastewater Permits
201 W Colfax Ave, Dept 203
Denver CO 80202
720.865.3060

Email: wastewaterpermits@denvergov.org
www.denvergov.org/developmentservices

SUDP NUMBER _____
(Office Use Only)

Date of Application: _____

Project Street Address: _____ Unit/Building Number: _____

Business/Project Name: _____

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***Project Type**

- Single Family/Duplex Multi-Family Commercial/Mixed Use Other

***Description** (Check all that apply)

- Addition Foundation Only Property In A Floodplain
 Additional Living Unit (ADU) New Structure Sewer Re-route
 Alteration/Tenant Finish One Time Discharge Temporary Trailer
 Detached Garage Pool/Spa
 Excavation/Shoring Pre-Treatment Device
 Change of Use - From: _____ To: _____
 Other _____

***Describe Work To Be Done** _____

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***Applicant Contact Information**

- Agent for Property Owner Property Owner

Name: _____ Company: _____

Email: _____ Daytime Phone: _____

Street Address: _____ City, State, Zip: _____

If submitting electronically (no signature), check this box. Signature: _____

By submitting this application, supporting documentation, and required plans, I certify that I am the property owner or authorized representative, that all statements on this submittal are true and accurate. I agree to comply with all applicable laws and regulations of the City and County of Denver.

Permit must be issued within 6 months from date of application