

## City of Buellton

## **CAN AND WILL SERVE**

APPLICANT: [Name] [Address] [City, State Zip] [Phone]				PROPERTY OWNER: [Name] [Address] [City, State Zip] [Phone]
<b>Project Type:</b> SFR [Circle One]	MFR	СОММ	IND	
Project Description: [describe in detail the type of development improvements proposed, including specific square footage.]				
Project Address:				
Project APN:				
above described struc project Conditions of	ertifies ture/pr Approv	oject, in a val as det o the Pla	ccordance ermined ar nning, Pub	t Water and Sewer services will be available to the with the rules and regulations of the City and the nd provided by the appropriate City Departments lic Works and Engineering Departments). These this notice.
This certification shall a	automa date of	tically tern	ninate and l hereof, unl	be without further force and effect after the passage ess during such period a valid permit shall be issued
	iding pr			lled and shall be due and payable at the time of permits required, and prior to obtaining a Certificate
Public Works Director				Date Approved
Applicant's Signature				Date Expires



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## **INSTRUCTIONS TO APPLICANT:**

Please fill out all items in the top half of the form and submit to the Public Works Department. After review of the project, a determination will be made whether or not service can be provided. Will Serve letters will not be issued over the counter.

Please note that prior to paying for water/sewer connection fees, proof of all required permits (such as, but not limited to: Planning Department Approval, Engineering/Public Works Approval – pretreatment/industrial discharge/fog, Building Department) shall be provided to the Clerk.