

North of River Sanitary District No. 1

204 Universe Ave, Bakersfield, CA 93308

Phone: (661) 399-6411 Fax: (661) 399-2856 Email: information@norsd.com

Will-Serve Letter Application

Date: _____

Company/Name Requesting: _____

Address: _____

Phone Number: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

1) Address/Location of property requesting Will-Serve (please include tract, phase and lot):

Assessors Parcel No. (APN): _____

KC Building Permit Number: _____

Vicinity Map or Site Plan Attached: YES NO

2) Projected Development Information

_____ Single Family

_____ Multi Family (Number of Units) _____

_____ Commercial (Description): _____

_____ Industrial (Description): _____

3) Projected Completion:

Projected date sewer service will be required _____

*It is the responsibility of the owner to contact the District to obtain a NORSD sewer permit prior to connecting to the sewer line. Per District Ordinance 1.09: "Construction of a service connection, extension or improvement prior to making application and paying all charges in accordance with the District Ordinance is not permitted. Any person doing so is guilty of a misdemeanor."

Penalties apply. Please be sure to contact our office prior to connection to avoid violation of any District Ordinance and/or payment penalties.