



WASHINGTON SUBURBAN SANITARY COMMISSION

Development Services Division-Permit Services Section

14501 Sweitzer Lane, Lobby Level

Laurel, Maryland 20707

SEP RELEASE FOR SERVICE REQUEST

Date of Request: _____ SEP Project Number: _____

SEP Project Name: _____

Applicant Rep./Company: _____

Applicant Email: _____ Applicant Phone: _____

Project Engineer/Company: _____

Engineer Email: _____ Engineer Phone: _____

WSSC Technical Contracts Supervisor: _____

Do not submit this request if any of the following items and/or conditions are still outstanding:

Please indicate by checking the appropriate box that the item or condition has been completed:

Assignment of Connection Permit Numbers (BCR) Package has been fully processed for this SEP Project: **Yes** **No** **Not Applicable**

All WSSC Easements have been executed for this SEP Project: **Yes** **No** **Not Applicable**

All dependencies have been satisfied for this SEP Project: **Yes** **No** **Not Applicable**

Note: If any of the above items or conditions are found to be outstanding, the submittal package will be rejected and returned to engineer/applicant NOT reviewed.

The following items are required to be included with request:

If Any ONE item is missing the submittal package will be rejected and returned to engineer/applicant NOT-reviewed.

e-Builder issued email with the Certificate of Substantial Completion as an email attachment

Certified Release of Liens (Submit Notarized Original)

Maintenance Bond (If Applicable)

Outstanding Fees (If Applicable)

**FOR WSSC USE ONLY
APPROVED FOR RELEASE**

Project Manager: _____ Date: _____

Permit Specialist: _____ Date: _____

Final Approval: _____ Date: _____