Company or Owner Name: _____

Date: _____

Metro Water Services
Development Services Center
800 Second Avenue South
P.O. Box 196300
Nashville, TN 37219

RE: LETTER OF RESPONSIBILITY

This is to request that in accordance with a variance approval, the associated owner, home owners association, or organization ("Owner") will assume all responsibility for the following:

_____

_____

Located at _____

Located at _____

If the requested variance involves shared use of a sewer tap by two or more residences in a horizontal property regime, all of the lines, fittings and appurtenances upstream of the tap will be privately owned and not the responsibility of the Metropolitan Government to repair or maintain. If the requested variance involves water devices located in a mechanical room, then all water appurtenances located in that room will be privately owned and not the responsibility of the Metropolitan Government to repair or maintain. As a condition of approval of the variance, applicant and Owner shall indemnify and hold the Metropolitan Government and its employees, officers and representatives harmless against all claims, costs and damages relating to the variance in standard procedure or installation as described herein. In the event applicant and Owner fail to repair or replace the Private Lines when necessary to protect public health, the Metropolitan Government shall have the right to make the repairs and recover the cost of such work from Owner and the owners of the individual residences served by the Private Lines. A copy of this document may be filed with the Register of Deeds for Davidson County with the property records for each lot or separate residence affected by the variance.

The following contact information is provided at your request:

Name of Contact_____

Address_____

Phone Number_____ Fax Number_____

Email_____

Signature of Responsible Party_____

Sworn to and subscribed before me this ___day of _____, 20____

Notary Public:_____ My commission expires: _____

Permit # _____ Permit # _____

Approved by:_____Date:_____

Rev. 5/3/2019