

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

Sewer Tap-In Permit Application

Permit #	Date:	
Project Address:		
Project Name:		
Estimated Cost of Work:		
Property Owners Name:		
Property Owner Address:		
City:		
Phone:	_Cell:	
Contractor's Name:		
Representative:		
Contractor Address:		
City:	_State:Zip:	
Phone:	_Cell:E-ma	ail:
(Registration, bond, and certificate of insurance	e required)	
RESIDENTIAL 1-4 Family Residence COMMERCIAL OR RESIDENTIAL CONTA serving the structure in question where it enters the w	NNING MORE THAN 4 UNITS (based upon the vater meter)	e diameter of the water line or pipe
2" or less 2 - 3" 4 - 5" 6 - 7" 8" or larger		
	RCIAL OR INDUSTRIAL USE	

[] **ADMINISTRATIVE REVIEW/INSPECTION OF EXISTING TAP** – Required for existing structures which have been Vacant and without incoming water service for 1 year or more.

Application is hereby submitted for a Sanitary Sewer Connection Permit as described in this application and all accompanying paperwork/drawings which are part of this application. The undersigned agrees to comply with all applicable codes, ordinances of the City, and laws of the State, to request inspections as required, and to adhere to plans and specifications as submitted with any corrections, and understand that any violation of these conditions voids the permit. The undersigned swears and affirms that the information herein is true and accurate and acknowledges that the filing of an application containing flase or incorrect information with the intent to avaoid the licensing, permit, ot tax requirements of the Sate or this City is falsification and voids this permit. Additional permits may be required.

Contractor Signature:	Date:

Tap Approved:[]YES []NO	
Engineering Technician Signature :	Date:
Fees Paid: \$	
[] Check # [] Cash	
Notes:	