APPLICATION FOR SEWER PERMIT

APPLICATION NO.: PR _____ *(FOR OFFICE USE ONLY)*

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS – ST: _____ ASSESSOR INFORMATION NO.: _____-- _____-- _____

OWNER'S NAME: _____ _____ _____ OWNER/BUILDER: YES☐ NO ☐
(LAST NAME/BUSINESS NAME) (FIRST) (MI) ***(IF YES, COMPLETE OWNER/BUILDER DECLARATION)***

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

TENANT: _____ _____ _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

APPLICANT: _____ _____ _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

CONTRACTOR: _____ _____ _____ LIC. NO.: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

ARCH/ENG: _____ _____ _____ LIC. NO.: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ _____ PHONE (____) _____ Ext. _____

WORK DESCRIPTION: _____

_____

PLEASE FILL OUT THE REVERSE SIDE

SEWER FEES

ITEMS	UNITS
ALTER, REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM	_____
CAP OFF SEWER	_____
CESSPOOL, OVERFLOW SEEPAGE PIT, SWIMMING POOL DRYWELL, PERCOLATION TEST PIT, DRAINFIELD EXTENSION	_____
CONNECT ADDITIONAL BUILDING TO HOUSE SEWER	_____
CONNECT HOUSE SEWER TO PRIVATE DISPOSAL SYSTEM	_____
CONNECT HOUSE SEWER TO PUBLIC SEWER	_____
DISCONNECTION OF HOUSE SEWER OR PRIVATE SEWAGE DISPOSAL SYSTEM	_____
EXTEND HOUSE LATERAL FOR FUTURE USE	_____

ITEMS	UNITS
GREYWATER SYSTEM (STORAGE TANKS AND DISPOSAL)	_____
HOUSE SEWER MANHOLE INSPECTION FOR SEWER	_____
NEW ADDITIONAL WORK TO HOUSE SEWER	_____
PRIVATE SEWAGE DISPOSAL SYSTEM (SEPTIC TANK, SEEPAGE PIT OR PITS, AND/OR DRAINFIELD)	_____
SPECIAL INSPECTION	_____
STORAGE TANK	_____

FOR BUILDING AND SAFETY USE ONLY

LOT SIZE: _____ X _____ BLDGS ON LOT: _____ SEWER / SEPTIC: _____

BUILDING SEWER SIZE : _____ CONNECTION TYPE – "Y": _____ SADDLE: _____

ORIGINATION - CURB: _____ PL: _____ LENGTH FROM ML TO PL: _____

STATION: _____ DEPTH: _____ MANHOLE REF: _____

UPPER / LOWER: _____ CO IMP NBR: _____

PC NBR: _____ JOB NBR: _____

TRUNK PERMIT NBR:_____ ROAD PERMIT NBR: _____

AFFIDAVIT: _____ WAIVER: _____

EASEMENT: _____ RECORD INSTR NBR: _____

RECORD DATE: _____ _____ _____ HWY / STREET WIDENING: _____

STATE ENCROACHMENT PERMIT NBR: _____ EXIST OCCUP GRP: _____

SEWER MAP BOOK: _____ PAGE: _____

CITY'S TRANSPARENCY POLICY FOR CONTRACTORS:

Have you had any negative disciplinary actions from the Contractors State License Board (CSLB) within the past five years? If so:

CASE NUMBER AND REASONS:

_____

PROPERTY OWNER SIGNATURE:

_____