SEWER LINE HOOK UP PERMIT

PERMIT NUMBER____SHU20_____

TYPE: **RESIDENTIAL** ☐ **COMMERCIAL** ☐

SEWER DISTRICT: **EOLSD** ☐ **EOLSD EXT. #1** ☐

OWNERS NAME: _____

TAX PARCEL NUMBER: _____

ADRESS: _____

_____

PHONE: _____

IS OWNER DOING ANY OF THE WORK (IF YESS SEE NOTES BELOW): Y N

CONTRACTOR: _____

CONTRACTORS PHONE: _____ **LICENSE #:** _____

******I acknowledge that an inspection of the piping must be inspected prior to backfilling newly installed piping.***

SIGNATURE: _____

FEE PAID: _____ **DRAWING RECEIVED:** _____

GRINDER PUMP REQUIRED: _____

CONTRACTORS CERTIFICATE OF INSURANCE RECD.: _____

GRINDER PUMP AGREEMENT SIGNED: **YES** ☐ **NO** ☐

OWNERS: CERTIFICATE OF INSURANCE RECD.: ☐ **BOND RECD.:** ☐

(IF DOING ANY WORK HIMSELF) **(IF USING POWERED EQUIP.)**

CODE'S OFFICER SIGNATURE _____

CLERK'S SIGNATURE: _____