

Village of Oakwood
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Oakwood, IL 61858
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STORM SEWER CONNECTION REQUEST

Company / Resident Name: (if using a DBA name, include both)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____

Email Address: _____

Connection Type: Commercial or Residential (select one) ☐ Commercial ☐ Residential

Project Address/Location: _____

Project Description: (Include estimated drainage area or annual water volume. Include drain diameter and whether water is gravity fed or pumped to the storm sewer main. Include if the water is surface or sub-surface (i.e. basement sump pump).)

Attach a construction plan and site sketch to this application.

Signature of Applicant: _____

Applicant agrees to comply with all requirements adopted by the Village of Oakwood.

Signature of Public Works Manager: _____

Approval Date: _____