

# SEWER PERMIT APPLICATION

PERMIT NO. \_\_\_\_\_

Please check off and enter the pertinent information in the appropriate boxes.

## APPLICANT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## BUSINESS

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

## CONTACT (if other than applicant)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

## ADDRESS OF BUILDING

\_\_\_\_\_

## TYPE OF BUILDING

Residential   
Commercial

## SQUARE FOOTAGE

Existing building \_\_\_\_\_  
New building \_\_\_\_\_  
Addition to existing building \_\_\_\_\_

## NEW COMMERCIAL SERVICE LINE

6-inch   
8-inch   
10-inch   
12-inch

## INFORMATION FOR COMPUTATION OF SEWAGE FLOWS

RESIDENTIAL	Number of bedrooms	_____
RESTAURANT	Number of seats	_____
COMMERCIAL	Estimated gal/day (sanitary sewer flow)	_____

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
Date