



SEWER TAP PERMIT APPLICATION

PROJECT INFORMATION		TRACKING No: -
Property Owner/Project Name:		
Location/Street Address:		
Lot Number(s):		
Sewer Main Size: _____"	Sewer Lateral Size: _____"	Water Service Size: _____"
PROPERTY OWNER		
Name(s):		
Address:		
City:	State:	Zip:
CONTRACTOR/AGENT		
Business Name:		
Address:		
City:	State:	Zip:
Name of contact person:		
Phone:	Fax:	Email:
Owner Agent		
SIGNATURE:		Date:
OFFICE USE ONLY		
Sewer Tap Fee \$	Receipt No.	
Approved by:		Date:

Copies to: _____Health _____Utilities _____Water _____Underground _____Applicant