

ASHIPPUN SANITARY DISTRICT

P.O. BOX 28

ASHIPPUN, WI 53003-0028

Phone: 920-474-7601

APPLICATION AND PERMIT FOR SEWER SERVICE One application must be completed for each connection to the sewer system PLEASE PRINT

Name of Applicant:

Date:

Address:

City:

State:

ZIP code:

Telephone:

Installing Contractor:

License #:

Address:

Telephone:

Address of property to be connected:

Property Owner:

Telephone:

Address:

Consent of Owner Attached? YES

NO

(necessary only if other than owner)

Please describe the following:

(A) Number of Units to be connected:

Residential:

Commercial:

(B) Number of families per Building:

(C) Types of Business occupying connected premises:

Number of Employees:

Contractors Signature _____ Applicants Signature _____

OFFICE USE ONLY

Permit Granted this Day of _____, 20_____

Fee Enclosed \$:

Authorized Signature of Sanitary District

Inspected by: _____ This _____ day of _____ 20_____

IMPORTANT- INSPECTOR MUST BE PRESENT WHEN THE DITCH IS OPEN FOR LATERAL INSTALLATION, NO EXCEPTIONS - CALL MIKE JACEK CELL: 608-617-9326 OR EMAIL: mjacek@generalengineering.net TO ARRANGE INSPECTION. THERE WILL BE NO HOOKUP BEFORE DWELLING IS SHINGLED, AN INSPECTION TEE MUST BE INSTALLED AND A TRACER WIRE MUST ALSO BE CONNECTED. THERE IS A LATERAL HOOKUP FEE OF \$7,500 PER BUILDING, PER UNIT. USER FEES WILL COMMENCE WITH THE FIRST FULL MONTH AFTER HOOKUP CONNECTION IS MADE.