

RESIDENTIAL OR COMMERCIAL BUILDING SEWER APPLICATION

KELLY LAKE SANITARY DISTRICT #1
 9535 Green Acres Street
 Suring, WI 54174
 Ph:920-842-4527 email: kellylakesanitary@gmail.com

Date: _____

Check what Appling for: New Connection Disconnect/Reconnect Permanent Disconnection

Owner: Last Name _____ First Name _____ Phone # _____

Address _____ City _____ State & Zip _____

Agent: Last Name _____ First Name _____ Phone # _____

Address _____ City _____ State & Zip _____

The undersigned, being the (owner, owner’s agent) of the property located at _____ hereby requests a permit to install and connect a building sewer to serve (home, business, etc.) _____ at said location.

1. The following indicated fixtures will be connected to the proposed building sewer:

Number		Number		Number		Number	
	Kitchen sinks		Laundry tubs		Toilets		Showers
	Lavatories		Urinals		Bath tubs		Garbage disposals

Specify other fixtures _____

2. The estimated number of persons who will use the above fixtures is _____

3. The name and address of the person or firm who will perform the proposed work is _____

4. The Plumbers License number _____

5. This person is bonded and insured for the work performed? YES NO (If **NO** person cannot work on sanitary district lines)

6. Certificate of Liability insurance attached YES NO (IF NO APPLICATION WILL BE REFUSED)

7. Certificate of Surety insurance attached (if required) YES NO N/A (IF NO APPLICATION WILL BE REFUSED)

*****A copy of the certificate of insurance and bond must be provided with this application if applicable*****

8. Plans and specifications for the proposed building sewer are attached hereunto as Exhibit “A”.

In consideration of the granting of this permit, the undersigned agrees:

1. To accept and abide by all provisions of Ordinance No. 1 of the Kelly Lake Sanitary District #1, and of all other pertinent ordinances or regulations that may be adopted in the future.
2. To maintain the building sewer at no expense to the municipality, and to indemnify the municipality and Kelly Lake Sanitary District #1 for any damages caused by the contractor retained by the undersigned to perform the work.
3. To notify the municipality when the building sewer is ready for inspection and connection to the public sewer at least 72 hours in advance of necessary inspection, before any portion of the work is covered.

Date: _____ Applicant _____

\$ _____ Connection, Inspection and permit fees paid at time of application

Application approved and permit issued:

Sanitary District Authorized Representative:

Date: _____