

WASTEWATER SERVICE APPLICATION

	Date:				
APPLICATION FOR					
Single Family Residential	Condo/Duplex	Hotel	Restaurant	Comme	ercial/Industrial
PROPERTY/PROJECT INFORMATION					
Subdivision/Project				Plat _	Lot
Property Address					
PROPERTY OWNER INFORMATION					
Name	Phone _		Email		
Mailing Address	City			_ State	Zip
APPLICANT INFORMATION (if differen	t than owner)				
Contractor Agent					
Name			Email		
Mailing Address					
CONTRACTOR INFORMATION					
General Contractor					
Name	Phone _		Email		
Mailing Address					
<u>Excavator</u>					
Name	Phone _		Email		
Mailing Address	City			_ State	Zip
REQUIRED ATTACHMENTS					
All Applications					
Floor Plan for all buildir	ng levels				Attached
Site Plan					Attached
Additional information for non	-Single Family Reside	ential App	<u>lications</u>		
Private Sewer Lateral Connection Plan					Attached
Building Plumbing Plans					Attached
Additional Information for Res	taurant and Comme	rcial/Indus	trial Application	<u>ns</u>	
Industrial Waste and Pretreatment Questionnaire (download here)					Attached
Estimate of Wastewater Discharge Volume					Attached
BRIEF DESCRIPTION OF PROJECT (REC	QUIRED)				

Applications with missing information will not be processed. Send completed application and attachments to permits@sbwrd.org.