

APPLICATION

WARREN COUNTY WATER & SEWER DEPARTMENT
APPLICATION FOR CONNECTION PERMIT

SEWER _____

NO. _____

WATER _____

THE UNDERSIGNED, being the owner or owner's agent of the property located at

_____ in _____
(Address number and street) (Subdivision)

on Lot Number _____ owned by _____

does hereby request a Connection Permit to construct service lateral(s) to serve the
_____ at said location in _____ Township.
(Residential, Commercial, Industrial, etc.) (Township)

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

1. To execute all work on said service(s) in strict conformity with the provisions of the Rules and Regulations of the Warren County Sanitary Engineering Department, which were adopted for the purpose of providing control of the installation and operation of service laterals.
2. To complete all work within one hundred twenty (120) days after the permit of same has been issued. The owner has the right to request an extension if the work is not done as specified above.
3. All claims for damages against the County which may be occasioned in any matter by the installation of said service lateral(s) shall be waived and held null and void.

Builder _____ Phone _____

Billing Address _____ City, State, Zip _____

Builder email address: _____

OFFICE USE ONLY

INSPECTOR'S REPORT - SANITARY SEWER

- | | |
|------------------------------------|-------------------|
| 1. Size of lateral in inches _____ | 7. Footer Tile: |
| 2. Basement: | 8. Clean Out: |
| 3. Sump Pump: | 9. Soil Type: |
| 4. Downspout: | 10. Pipe Bedding: |
| 5. Type of Pipe: | 11. Joint at Tap: |

I hereby certify that the above connection was properly made in conformity with the Rules and Regulations of Warren County; that said connection was laid to a true and proper grade and constructed of sound and substantial pipe, with properly constructed joints. No roof drains or foundation drains have been connected to the sanitary sewer lateral.

This was inspected and found satisfactory this day _____ by _____.

INSPECTOR'S REPORT - WATER

- | | |
|-----------------------------------|-------------------|
| 1. Location of meter acceptable: | 4. Type of Pipe: |
| 2. Depth of meter pit acceptable: | 5. Size of Line: |
| 3. Depth of lateral acceptable: | 6. Size of Meter: |

I hereby certify that the above connection was properly made in conformity with the Rules and Regulations of Warren County.

This work inspected and found satisfactory this day _____ by _____.

Account Number _____

Contractor _____