



COMMERCIAL SEWER CONNECTION APPLICATION

Site Address:		
City/State:		Zip:
Parcel Number:		
Property Owner's Name:		
Address:		
City/State:		Zip:
Phone:		Email:
Tenant's Name:		
Address:		
City/State:		Zip:
Phone:		Email:
Contractor's Name:		
Address:		
City/State:		Zip:
Phone:		Email:
Labor & Industries License/Exp. Date:		City License:
Occupancy Use (check all that apply):		
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Office
<input type="checkbox"/> Retail	<input type="checkbox"/> Church	<input type="checkbox"/> Storage
<input type="checkbox"/> School	<input type="checkbox"/> Other (describe):	
By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities.		
Signature of Owner/Agent:		Date:
Project Contact:		Telephone Number:

PLUMBING:			
No.	Type of Fixture	Fixture Unit	
	Water Closet		
	Bathtub		
	Lavatory		
	Shower		
	Kitchen Sink		
	Dishwasher		
	Laundry Tray		
	Clothes Washer		
	Urinal/Bidet		
	Drinking Fountain		
	Floor Sink or Drain		
	Slop Sink		
	Grease Trap/Interceptor		
	Other (list):		
SQUARE FOOTAGE OF STRUCTURES HOOKING UP TO SEWER:			
(If additional buildings are hooking up please list on a separate page and attach to this permit)			
Building 1:			
Building 2:			
Building 3:			
APPLICATION CHECKLIST:			
No. to be Submitted:	Item Description:		
1	Application		
2	Site Plan		
2	Construction Plans		
	Other		
PERMIT FEES:			
Engineering Fees:			
Capacity Change:			
Expansion Charge:			
Other:			
Total Fees:			

Note: As-Builts will be required before this permit can be finalized.