



SEWER CONNECTION AND INSPECTION PERMIT

DATE: _____ ACCOUNT # _____

PERMIT FEE: \$175.00 RECEIPT #: _____ NUMBER OF EDU'S _____

SINGLE FAMILY RESIDENCE DUPLEX TRIPLEX APARTMENT BLDG. COMMERCIAL

APPLICANT: _____ PHONE #: _____

ADDRESS: _____
City State Zip

OWNER'S NAME: _____ PHONE #: _____

ADDRESS: _____
City State Zip

MAP #: _____ TAX LOT #: _____

SERVICE LOCATION/ADDRESS: _____

ESTIMATED TURN ON DATE: _____ (All new sewer connections are plugged until customer notifies the City to begin services)

By signing this application, I fully understand that I am responsible for payment of services to this address. If my sewer service is utilized without billing in place I will be liable for back dated charges or measured usage.

Customer Signature Date

CONTRACTOR PERFORMING

CONTRACTOR: _____ CCB #: _____ EXP: _____

ADDRESS: _____
City State Zip

CITY OF MADRAS BUSINESS LICENSE NUMBER: _____

OFFICE USE ONLY

APPROVAL IS HEREBY GRANTED TO MAKE CONNECTION TO THE CITY SEWER SYSTEM AND CONNECTION HAS BEEN COMPLETED IN CONFORMANCE WITH THE CITY OF MADRAS STANDARDS AND SPECIFICATIONS.

APPROVED BY: _____ DATE: _____
Utility Dept. Supervisor or Designee

CONNECTION TO CITY SEWER MUST BE SUPERVISED AND INSPECTED BY CITY PERSONNEL. FOR AN INSPECTION, PLEASE CALL 541-475-7259 48 HRS IN ADVANCE TO SCHEDULE AN INSPECTION.