



Water/Sanitary Sewer/Storm Sewer Tapping Permit

Owner's Name _____

Phone # _____ Owner's Email _____

Property Address _____

Project Description (attach sketch) _____

Contractor's Name _____

Phone # _____ Contractor's Email _____

Contractor's Address _____

Underground Installer/Plumbers License No. _____

Tapping Permit Billed To _____ Owner _____ Contractor

Type of Connection:

_____ Commercial _____ Residential

_____ New Connection _____ Replacement

_____ Water Main _____ Water Service _____ Sewer Main _____ Sewer Service _____ Storm Sewer

Tapping Permit must be obtained prior to tapping any City utility main. Contractor must contact City Utilities Department prior to and during the work to inspect all connections.

	<u>Water</u>	<u>Sanitary Sewer</u>	<u>Storm Sewer</u>
Main – Size	_____	_____	_____
Main – Material Type	_____	_____	_____
Service – Size	_____	_____	_____
Service – Material Type	_____	_____	_____
Connection – Size	_____	_____	_____
Connection – Material Type	_____	_____	_____
Depth to Main	_____	_____	_____
Depth of Curb Stop	_____	_____	_____
Street Opening Size	_____ x _____	_____ x _____	_____
	length	width	depth

City Utility staff to complete sketches below.

Sketch of service line location (distance from GV, MH or inlet on each side) and curb stop location (distance from house/building corners).
Provide enough detail to locate line in the future. Include site plan of building/home placement on lot.

Sketch of how connection was made.