Account #:

TRI-LAKES REGIONAL SEWER DISTRICT

SANITARY SEWER DISCONNECT/RECONNECT/REPAIR PERMIT

Date: _____The **owner**: _____ of the property **located at**_____does hereby request a permit to disconnect, reconnect, repair, and/or tap into the existing sanitary sewer lateral line on said owner's property.

Work to be done: ___Disconnect ___Reconnect ___ Line Repair ___ Garage Connection ___Tear Down ___ Rebuild ___ New Connection ___Other_____

Expected date to begin: _____ Expected date to complete: _____

Who is doing this work? _____

Permit obtained by: ____Contractor X___Homeowner

The undersigned agrees that he/his contractor will follow the District specifications that are being provided to him/her. He/She also agrees that the District will be called (691-2820) *at least four hours* prior to any work completion to allow an inspector to be on site. Capped off structures have 90 days to be torn down or face penalties and operation and maintenance portion of bill remains until structure is removed.

Signed:_____ **Date:**_____

In addition to our specifications sheet, we may also be providing: __copy of current rough sketch of the sewer lateral, __copy of signed permit form, __receipt for payment and/or ___Additional Structure Permit (Garage)

Property Owner Information:

Service Address:_____

Billing Address:_____

Phone Number:_____

(FOR SEWER DISTRICT USE ONLY)

Permit Fee-Disconnect: $100.00 on _____ By: _____Receipt #:_____
Permit Fee-Reconnect: $100.00 on _____ By: _____Receipt #:_____
Permit – Repair: $100.00 By: _____ Receipt#: _____
Additional Trip for Re-Inspection $50.00 per trip x _____ Receipt#: _____
Cap Off _____Demolition_____: $350.00 By: _____Receipt #:_____

New Connection Fee Paid: $_____ Date _____ Receipt#:_____
Paid by: ____Contractor Check ____Cash ____Personal Check _____ CC

Disconnect Approved by: _____ on_____

Reconnect Approved by: _____ on _____

PERMIT WILL EXPIRE 1 YEAR FROM DATE OF ISSUE.
RETURN TO 5240 N. OLD 102, COLUMBIA CITY, IN 46725