

## Lateral Permit Application

<b>Project Address</b>	_____			
<b>Owner / Tenant</b>	Name _____		Phone _____	
	Address _____		E-mail _____	
<b>Contractor</b>	Company Name _____		Phone _____	
	Contact _____		E-mail _____	
	Address _____		State Credential #'s _____ Master Plumber or Utility Cont. Lic # _____	
<b>Type</b>	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Abandon			
<b>Use</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
<b>Lateral Information</b>	<b>LATERAL TYPE</b>	<b>SIZE</b>	<b>MATERIAL</b>	<b>TYPE</b>
	Sanitary Sewer #1	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main
	Sanitary Sewer #2	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main
	Sanitary Sewer #3	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main
	Storm Sewer #1	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main
	Storm Sewer #2	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main
	Storm Sewer #3	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main
	Water Service #1	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main
	Water Service #2	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main
Water Service #3	_____ (" )	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitriified Clay	<input type="checkbox"/> Lateral <input type="checkbox"/> Main	
<b>Project Description</b>				
<b>Value of Job</b>	\$ _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.)			
	Payment by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card (office or online only)			
<i>I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.</i>				
Master Plumber / Utility Contractor : _____			Date: _____	