

BASS LAKE CONSERVANCY DISTRICT 4450 E 450 S KNOX, IN 46534 PH: 574-772-2974 FAX: 574-772-0575 EMAIL: info@basslakecd.in.gov

## SEWER CONNECTION PERMIT APPLICATION

The undersigned, being the		of the property located at			
	, does l	nereby request a permit to install			
and connect a building sanitary sewer.					
Home Phone:	Other phone: _				
Billing Address:					
Permit Type: Residential	Commercial	Industrial Institutional			
Hook-up Type: Single	Multiple				
• The following fixtures will be connected to the proposed building sanitary sewer:					
<u>Number</u> <u>Fixtures</u> <u>Num</u>	imber <u>Fixtures</u>	Number <u>Fixtures</u>			
Sinks	Urinals	Showers			
Water Softeners	Bathtubs	Washing Machines			
Toilets	Other	Garbage Disposals			
• The maximum occupancy of per	rsons				

In consideration of the granting of this permit, the undersigned agrees:

- 1. To furnish any additional information relating to the installation or use of the building sanitary sewer, such as a description of each waste, daily volume and maximum rates of discharge, representative analysis, etc., for which this permit is sought as may be requested by the Superintendent or Inspector.
- 2. To have in possession and to accept and abide by all provisions of Sewer Use Ordinance No. 96-1 and ordinance No. 96-2 and all other pertinent ordinances or regulations that may be adopted in the future.
- 3. To have all inspections and tests performed and to notify the Superintendent or Inspector when the building sanitary sewer is ready for inspection and connection to the building sanitary drain and main sewer system; all inspections will be conducted as the Inspector's schedule allows.
- 4. A plan of the property showing accurately all sewers and drains now existing is attached hereto as Exhibit "A". Including buildings, property lines, wells, streams, ditches, and proposed building sanitary sewer.
- 5. Pay the sewer tap fee in full in the amount of \$3,700.00 to the Bass Lake Conservancy District.
- 6. To furnish Certificate of Insurance and Permit Bond as required in Ordinance No. 96-2.

The name, address and phone of the person or firm who will perform the proposed work:

Name:	Phone:			
Address:				
	Bond Furnished	Certificate of	of Insurance Furnished	
Applicant Signature:			Date:	
Applicant Address:				
Sewer Tap Fee Paid: \$	Check Nur	nber:	Date:	
Application approved and p	ermit issued:			
Date:	BLCD Plant Manager Signa	iture:		
Account Number:	Permit Numb	er:		