

CITY OF LAWRENCE UTILITIES

APPLICATION FOR SANITARY BUILDING SEWER LATERAL CONSTRUCTION PERMIT

APPLICATION MADE FOR: New Line Repair/Modification Work Replace/Relocate

NOTE: FOR EMERGENCY REPAIR WORK, APPLICATION MAY BE MADE NO LATER THAN THE FOLLOWING BUSINESS DAY AFTER THE REPAIR WORK IS COMPLETED

EMERGENCY WORK? YES NO

GREASE TRAP INSTALLATION? IF CHECKED, GREASE TRAP APPLICATION REQUIRED A PLAT DRAWING OF THE PROPOSED PROJECT MUST ACCOMPANY THIS APPLICATION.

\$50.00 APPLICATION FEE PAID? YES NO CHECK NO. _____

START DATE: _____ DATE/TIME REQUESTED FOR INSPECTION: _____

SERVICE/ WORK ADDRESS: NO. _____ STREET NAME: _____

PROPERTY OWNER: _____

OWNERS ADDRESS: _____

OWNERS PHONE: _____ OWNER E-MAIL (OPTIONAL) _____

ASSESSOR PARCEL NUMBER: _____

LEGAL DESCRIPTION:

INSTALLING/REPAIRING CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____ CITY _____ ST. _____ ZIP _____

PHONE: _____ FAX: _____ LAWRENCE LICENSE # _____ EXP. DATE _____

E-MAIL ADDRESS (OPTIONAL) _____

BUILDER INFORMATION (FOR NEW SERVICE LINES):

NAME: _____

ADDRESS: _____ CITY _____ ST. _____ ZIP _____

PHONE: _____ E-MAIL ADDRESS (optional) _____

LAWRENCE LICENSE # _____ EXP. DATE _____

DPW/LU USE ONLY

DATE APPLICATION SUBMITTED: _____ DATE SENT TO UTILITY: _____

DATE APPLICATION APPROVED: _____ APPROVED BY: _____

DATE RETURNED TO DPW: _____

DOES PROJECT REQUIRE A GREASE TRAP? Yes No