

CITY OF LAWRENCE UTILITIES

APPLICATION FOR SANITARY BUILDING SEWER LATERAL CONSTRUCTION PERMIT

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

EMERGENCY WORK? YES  NO

NOTE: FOR EMERGENCY REPAIR WORK, APPLICATION MUST BE MADE NO LATER THAN THE FOLLOWING BUSINESS DAY

A PLAT DRAWING OF THE PROPOSED PROJECT MUST ACCOMPANY THIS APPLICATION AND INCLUDE THE LOCATION OF WORK, MATERIALS BEING USED AND THE FOLLOWING STATEMENT "ALL WORK WILL MEET OR EXCEED CITY OF LAWRENCE STANDARDS AND SPECIFICATIONS"

GREASE TRAP INSTALLATION?  If project requires a grease trap or interceptor, a grease trap application must be completed in addition to this application. There is no fee for the grease trap application.

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: \_\_\_\_\_ E-MAIL ADDRESS (optional) \_\_\_\_\_

LAWRENCE REGISTRATION # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

BUILDER INFORMATION (FOR NEW SERVICE LINES):

NAME: \_\_\_\_\_ Signed: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS (optional) \_\_\_\_\_

LAWRENCE REGISTRATION # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

The Builder, in submitting this application, hereby agrees that the sewer line installation will be made in conformance to City of Lawrence Utility Standards current at the time application is made.

DPW/LU USE ONLY

DATE APPLICATION SUBMITTED: \_\_\_\_\_ DATE APPLICATION APPROVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DOES PROJECT REQUIRE A GREASE TRAP? Yes  No