PERMIT # _____

RECEIPT # _____

ACCOUNT # _____

IC/SS ACCOUNT # _____

DELINQUENT CHARGES $ _____

SIDE SEWER P E R M I T APPLICATION

ALLOW 24/48 HOURS FOR ISSUANCE

OWNER INFORMATION / PLEASE COMPLETE

DATE:

NAME:

SERVICE ADDRESS:

BILLING ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

TAX LOT NUMBER:

BILLING:

METRO BILLING START DATE: _____

DATE OF CONNECTION: _____

COMMENTS:
LEGAL

CHARGES AND FEES:

CHARGE IN LIEU OF ASSESSMENT _____

GENERAL FACILITY CHARGE * _____

SYSTEM FACILITY CHARGE _____

RECORDING FEES _____

METRO FORM _____

SWSSD / MIDWAY CHARGE _____

UNIT CHARGE _____

DEVELOPER EXTENSION PAYBACK _____

PERMITS:

SIDE SEWER _____

RIGHT OF WAY PERMIT _____

REPAIR _____

CAPPING _____

CAP RE-CONNECT _____

TOTAL $

INFILL LOT UNIT CHARGES **

- ULID 20 / $500.00
- ULID 24 / $2000.00
- ULID 33 / $6000.00
- ULID 34 / $3333.00
- ULID 41 / $3856.00 + INT.
- ULID 43 / $8283.00 + INT.
- ULID 45 / $6400.00 + INT.

MISCELLANEOUS:

CONTRACT (LEGAL DESCRIPTION) _____

EASEMENTS _____

FILE CREATED (ROUTE TO KATHLEEN) _____

SS ASSISTANCE PROGRAM _____

CERT. OF FUTURE CONNECTION _____

* If residence was billed in ULID prior to **ULID 18 (RVSD)** or **ULID 20 (VVSD)** no GFC is collected unless out of billing for 5 years

** Inside ULID boundary or abutting property.