



Sanitary Sewer Connection Permit Application

PLEASE COMPLETE EVERYTHING UNDERLINED IN RED

Permit # _____

Date Issued _____

Receipt # _____

Property Address

Date of Application

Project Start Date: _____

Purpose of Sewer or Drain:

No unauthorized person shall uncover, make any connection with, or opening into, use, alter, or disturb any public main sewer, Y branch, lateral sanitary sewer, combined sewer, or appurtenance thereof, without first obtaining a written permit from the city clerk, per Chapter 13.08.080 of Chariton Municipal Code.

It is the responsibility of the permittee to call for all inspections with 48-hour notice and be on site for inspection.

I Hereby Acknowledge that I have read this application and state that all information listed is correct and agree to comply with all City ordinances and state laws.

Owner's Name _____

Address _____

City, State & Zip _____

Daytime Phone _____

Cell Phone _____

Email _____

Please Print _____

Applicant Signature _____

Owner Contractor

OFFICIAL USE ONLY

Approval:

City Manager Date

Building Official Date

Inspection Approved:

Sanitary Sewer Superintendent Time Date

Building Official Time Date

(Void 120 days from date of issue)

OFFICIAL USE ONLY

Within City Limits Sanitary Sewer Fee \$100.00 Collected By: _____

Outside City Limits Sanitary Sewer Fee \$10,000 Collected By: _____

Final Total: \$ _____

City of Chariton Building Department
115 South Main Street
Chariton, Iowa 50049
(641) 774-5991
codeofficer@chariton.org