

**TOWN OF LEDGEVIEW
WATER AND SEWER PERMIT**

PERMIT NUMBER _____

BUILDING PERMIT #: _____ DATE: _____

ADDRESS: _____ PARCEL #: _____

SEWER CONTRACTOR: _____

ADDRESS: _____

STATE LICENSE #: _____ PHONE: _____

GENERAL CONTRACTOR: _____ PHONE: _____

OWNER: _____ PHONE: _____

FEES: SEWER: CONNECTION: _____ INSPECTION: _____ CBCWA: _____ TOTAL: _____ CHECK# _____

PRIOR APPROVAL IS REQUIRED BEFORE ANY TAPS CAN BE MADE TO MUNICIPAL UTILITIES.

ALL SEWER AND WATER LATERALS MUST BE INSPECTED.

ALL SEWER & STORM SEWER PIPE **MUST** BE MINIMUM SCHEDULE 40.

MINIMUM TEN (10) FOOT BETONITE OR CLAY DAM.

CURB BOX **MUST** BE MARKED WITH A 2 X 4, PAINTED BLUE, EXPOSED AND FULLY EXTENDED.

ANY CURB BOX IN PAVED DRIVEWAY AREA **MUST** BE SLEEVED WITH **PVC**.

FERNCO WITH TOWN APPROVAL **ONLY**.

MINIMUM 48 HOUR NOTICE BEFORE STARTING PROJECT—**NO BACKFILLING** UNTIL TAP IS INSPECTED.

ALL ANGLES, BENDS AND REDUCTION IN SIZE **MUST** BE DONE WITH PROPER PLASTIC FITTINGS.

CONTRACTORS MUST FOLLOW ALL OSHA SAFETY PRACTICES, RULES AND REGULATIONS.

FAILURE TO COMPLY WITH ANY OF THE ABOVE WILL RESULT IN A \$150.00 FINE PER VIOLATION, PER DAY.

I HAVE READ AND UNDERSTAND THIS WATER AND SEWER PERMIT FORM COMPLETELY.

APPLICANT'S SIGNATURE: _____ DATE: _____

PERMIT ISSUED BY: _____ DATE: _____

*****FOR MUNICIPAL USE ONLY*****

INSPECTOR: _____ DATE OF INSPECTION: _____

ADDITIONAL INFORMATION: _____
