Ledgeview
Set your sights high

Town of Ledgeview
Municipal Building
3700 Dickinson Road
De Pere, WI 54115

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:_____

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