

APPLICATION FOR UTILITIES SEWER CONNECTION/PERMIT NO. _____

THIS PERMIT WILL BE GRANTED SUBJECT TO COMPLIANCE WITH LOCAL
STANDARDS AND INSPECTIONS.

CATEGORY OF USE

Residential Commercial Government

SITE INFORMATION

Physical Address: _____
Legal Description: _____ T28-R06W, Section _____, Tax Account No. _____
Square Footage of Structure: _____ Square Footage of Impervious Surface: _____
Type of Connection: Gravity STEP Septic

PROPERTY OWNER

Name: _____
Address: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____

CONTRACTOR

Business Name: _____
Name: _____
Address: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____
CCB# _____

INSPECTIONS

Inspector or Employee Performing Work: _____
Completed Date: _____
Test Type: _____
Inspection Notes: _____

I certify that I have read and will comply with the above conditions.

Signature of Owner or Agent

City of Winston Approval

FEES

Review Fee: _____
Core Fee: _____
Tap Fee: _____
Permit Fee: _____

TOTAL DUE: _____
s:adm/forms 2/29/2012