

Customer Number \_\_\_\_\_  
Inspection/Permit Fee \_\_\_\_\_  
Tap-In Fee \_\_\_\_\_

Lot Number \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Lift Station Number \_\_\_\_\_

TOWN OF SANTA CLAUS WASTEWATER UTILITY  
PO BOX 92, SANTA CLAUS, IN 47579

**PERMIT FOR SEWER CONNECTION**

Name of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

The property owner agrees to the terms and conditions as set forth below:

To be billed the minimum monthly rate on sewage as soon as the connection has been made and pay the rates based upon actual usage, if more than the minimum amount is metered.

Will pay the tap-in fee for the installation of the sewage tap-in (where applicable).

The utility representative will show the location where the tap-in is to be made, and the contracted plumber will be responsible for the tap-in and also the connection of the lines from the tap-in to the house. The connection from the house to the tap-in may not be covered until the utility representative has had an opportunity to inspect the connection and materials used.

New services will be assessed a \$ \_\_\_\_\_ inspection/permit fee. Inspection of a repair or replacement of service will not be assessed a fee, but must be inspected prior to covering.

REQUEST FOR LOCATION/INSPECTIONS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE.

THIS PERMIT EXPIRES ONE YEAR FROM THE DATE OF THIS APPLICATION.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Utilities Superintendent

\_\_\_\_\_  
Date

OFFICE USE ONLY

Plumbing Contractor \_\_\_\_\_

License Number \_\_\_\_\_

Inspector \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_