

SEWER MAIN TAP APPLICATION AND PERMIT

CITY OF WHITE SULPHUR SPRINGS

105 W. Hampton St., P.O. Box 442, White Sulphur Springs, MT 59645
Phone: (406) 547-3911 Fax: (406) 547-3945 Email: wss@itstriangle.com

Today's Date: _____

Fees:

\$40 Resubmission Fee
\$1,500 Sewer Main Tap
\$500 Tear Up/Repair Street/Asphalt
\$ Varied Other Installation Costs

Customer Information:

Customer Name: _____ Phone: _____
Service Address: _____ Lot: _____
Block: _____
Addition: _____

Application/Permit Information:

The application is made for authority to connect the premises at the above address with the City sewer main on _____ by a _____ inch PVC pipe.

Connections will be made _____ feet (Circle one: north, south, east, or west) of the manhole located at the intersection of _____ and _____.

All material and workmanship will be in strict compliance with City Ordinance(s) relative to such work and shall be approved by the Public Works Supervisor before and after backfilling.

Customer Acknowledgement:

I understand that as the owner, I am ultimately responsible for all of the sewer charges for this property. If these charges go unpaid, a lien may be placed against the property listed above.

I understand that no services will be turned on (accessible) until all installation costs payable to the City have been paid in full, or payment arrangements have been made.

If payment arrangements are needed, please fill out the Payment Plan Agreement form. The form will be submitted to the City Council for approval.

Authorized Signature/Date: _____

Public Works Supervisor:

(Initial & Date after each action)

Approved -- Before Backfill: _____ Date: _____

Approved -- After Backfill: _____ Date: _____

Services Turned On (Accessible): _____ Date: _____

City Clerk:

Application Fee: _____ Received by: _____ Date: _____

City Installation: _____ Received by: _____ Date: _____

Mayor:

Payment Plan Agreement approved: _____

Mayor's Signature: _____ Date: _____