



Application for New Sewer Service

City Staff Use Only:	Permit # _____	Zoning Class _____
Date: _____	Parcel # _____	Fee: <u>\$400</u> _____

Connection fees and monthly service charges are set by Ordinance and are subject to change. PLEASE REVIEW THESE FEES AND CHARGES CAREFULLY.

Property Information:

Address: _____
 Legal Description (attach additional sheet if needed): _____
 Building Uses: _____
 Details of special sewer needs or uses: _____

 Details of contents of sewer discharge (Commercial only): _____

Owner Information:

Name: _____
 Mailing Address: _____
 Daytime Telephone Number: _____
 Fax Number: _____ E-mail address: _____

All work performed under this permit must comply with all applicable state codes and statutes, and with all municipal ordinances. All work performed under this permit must be inspected by the City’s Certified Plumbing Inspector.

Certification: I hereby certify that the above information is true and correct, and I certify that the proposed sewer service will be installed and used in accordance with all applicable rules, regulations, statutes, and ordinances.

_____ Signature of Owner/Applicant	_____ Printed Name	_____ Date
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Property Location Verification: I hereby verify that the above described property is located within the City of Mauston.

City Officer: _____ Date: _____

Certification of Payment: I certify that the connection fees for this application have been paid.

City Officer: _____ Date: _____

****Continued on reverse****

User Determination: The Mauston Sewer Utility determine the above described property classification as
 R-Residential C-Commercial I-Industrial PA-Public Authority
(This determination is subject to change.)

Director of Public Works: _____ Date: _____

Installation Approval – Within Right of Way: I hereby certify that the installation of the above described sewer service within the City right-of-way has been inspected and is approved.

Director of Public Works: _____ Date: _____

Lateral Installation Approval – Right of Way to Structure: I hereby certify that the sewer lateral installation of the above described sewer service from the right-of-way to the structure has been inspected and is approved.

City Plumbing Inspector: _____ Date: _____