



**SEWER CONNECTION AND INSPECTION PERMIT**

DATE: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PERMIT FEE: **\$175.00** \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ NUMBER OF EDU'S \_\_\_\_\_

SINGLE FAMILY RESIDENCE  DUPLEX  TRIPLEX  APARTMENT BLDG.  COMMERCIAL

APPLICANT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City State Zip

OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City State Zip

MAP #: \_\_\_\_\_ TAX LOT #: \_\_\_\_\_

SERVICE LOCATION/ADDRESS: \_\_\_\_\_

ESTIMATED TURN ON DATE: \_\_\_\_\_ (All new sewer connections are plugged until customer notifies the City to begin services)

*By signing this application, I fully understand that I am responsible for payment of services to this address. If my sewer service is utilized without billing in place I will be liable for back dated charges or measured usage.*

\_\_\_\_\_  
Customer Signature Date

**CONTRACTOR PEFORMING INSTALLATION**

CONTRACTOR: \_\_\_\_\_ CCB #: \_\_\_\_\_ EXP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City State Zip

CITY OF MADRAS BUISNESS LISCENSE NUMBER: \_\_\_\_\_

**OFFICE USE ONLY**

**APPROVAL IS HEREBY GRANTED TO MAKE CONNECTION TO THE CITY SEWER SYSTEM AND CONNECTION HAS BEEN COMPLETED IN CONFORMANCE WITH THE CITY OF MADRAS STANDARDS AND SPECIFICATIONS.**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Utility Dept. Supervisor or Designee

**CONNECTION TO CITY SEWER MUST BE SUPERVISED AND INSPECTED BY CITY PERSONNEL. FOR AN INSPECTION, PLEASE CALL 541-475-7259 48 HRS IN ADVANCE TO SCHEDULE AN INSPECTION.**