

TOWN OF ALBERTON

PERMIT FOR WATER/SEWER CONNECTION

Date _____, 20 ____ Permit No. _____

Water Connection: _____ Sewer Connection _____

Owner's Name and Address: _____

Phone _____

Contractors Name and Address: _____

Phone _____

Current Bond and Insurance: _____

Physical Address: _____

LEGAL INFORMATION: I hereby agree that all work pertaining to said excavation shall be done in strict conformity with Town Ordinances and State Codes regulating such work. I further agree to save the Town of Alberton harmless should any damage arise or be occasioned by above described work. This permit becomes null and void if work is not commenced within 15 days of issuance. I also agree to have said excavation made and surface repaired within 15 days of permit date or to make arrangements with the Town Zoning Officer or Agent for an extension of time in case of delay. I also understand that an inspection from the building to the main line is necessary for both sewer and water service lines. When connection is completed normal water/sewer billing will begin.

Water Permit Fee \$ _____

Sewer Permit Fee \$ _____

Permit Application Fee \$ _____

Total Permit Fees Paid \$ _____

Check _____

Cash _____

Other _____

SIGNATURE OF OWNER

DATE

SIGNATURE OF TOWN ZONING OFFICER

DATE