



BASS LAKE CONSERVANCY DISTRICT
4450 E. 450 SOUTH
KNOX, IN 46534
PH: 574-772-2974
FAX: 574-772-0575
EMAIL: info@blcd-ind.org

SEWER CONNECTION PERMIT APPLICATION

The undersigned, being the _____ of the property located at _____, does hereby request a permit to install and connect a building sanitary sewer.

Home Phone: _____ Other phone: _____

Billing Address: _____

- Permit Type: ___ Residential ___ Commercial ___ Industrial ___ Institutional
- Hook-up Type: ___ Single ___ Multiple
- The following fixtures will be connected to the proposed building sanitary sewer:

<u>Number</u>	<u>Fixtures</u>	<u>Number</u>	<u>Fixtures</u>	<u>Number</u>	<u>Fixtures</u>
_____	Sinks	_____	Urinals	_____	Showers
_____	Water Softeners	_____	Bath Tubs	_____	Washing Machines
_____	Toilets	_____	Other	_____	Garbage Disposals

- The maximum occupancy of persons _____.

In consideration of the granting of this permit, the undersigned agrees:

1. To furnish any additional information relating to the installation or use of the building sanitary sewer, such as a description of each waste, daily volume and maximum rates of discharge, representative analysis, etc., for which this permit is sought as may be requested by the Superintendent or Inspector.
2. To have in possession and to accept and abide by all provisions of Sewer Use Ordinance No. 96-1 and ordinance No. 96-2 and all other pertinent ordinances or regulations that may be adopted in the future.
3. To have all inspections and tests performed and to notify the Superintendent or Inspector when the building sanitary sewer is ready for inspection and connection to the building sanitary drain and main sewer system; all inspections will be conducted as the Inspector's schedule allows.
4. A plan of the property showing accurately all sewers and drains now existing is attached hereto as Exhibit "A". Including buildings, property lines, wells, streams, ditches, and proposed building sanitary sewer.
5. Pay the sewer tap fee in full in the amount of \$3,700.00 to the Bass Lake Conservancy District.
6. To furnish Certificate of Insurance and Permit Bond as required in Ordinance No. 96-2.

The name, address and phone of the person or firm who will perform the proposed work:

Name: _____ Phone: _____

Address: _____

_____ Bond Furnished _____ Certificate of Insurance Furnished

Applicant Signature: _____ Date: _____

Applicant Address: _____

Sewer Tap Fee Paid: \$ _____ Check Number: _____ Date: _____

Application approved and permit issued:

Date: _____ BLCD Plant Manager Signature: _____

Account Number: _____ Permit Number: _____