

# APPLICATION FOR SEWER CONSTRUCTION PERMIT

SOUTH LYONS TOWNSHIP SANITARY DISTRICT

475 West 55th Street, Suite 107

Countryside, Illinois 60525

708-354-7390 FAX: 708-354-0807

FAX completed form to 708-354-0807

PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT \_\_\_\_\_

PHONE # \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

Check off type of Property:

Single Family     Combination (Commercial & Residential)     Restaurant

Multi-Family \_\_\_\_\_ (indicate how many Units)     Commercial     Industrial

HEREBY applies for a permit to:

*The intended use of this application form is for the installation of **sanitary sewer, manholes, grease basins, or other such new sewer system components.***

Concurrent with the execution and submittal of this application, the applicant as submitted plans, specifications, or other such documents which describes in detail the proposed work, and agrees to be bound by same unless variations thereto are subsequently submitted to, and approved by the District. Hearings on all variation requests shall be presented to the Board of Trustees at regularly scheduled meetings.

With this permit application the applicant has also submitted, as evidence of ownership of the property upon which said work will be completed, a copy of the owners title policy, deed, or trust agreement. The applicant warrants to the District that there has been no change in ownership interest of the applicant since the date of the owners title policy, deed, or trust agreement.

The applicant agrees that the work to be done as described in the aforementioned plans and specifications will comply with the ordinances and regulations of the South Lyons Township Sanitary District and all other applicable Local, State, or Federal rules, regulations, codes, ordinances, or statutes.

The sewer work addressed by this application is expected to be completed by the following contractor at the estimated cost specified. A copy of the contractors cost proposal or other documentation is attached.

CONTRACTOR: \_\_\_\_\_

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

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

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

The estimated time for completion of the sewer work is \_\_\_\_\_ days from the date of issuance of this permit. The applicant acknowledges that said contractor is acting in the capacity of agent of the applicant, and applicant agrees to be bound by and be responsible for all acts of the contractor. The contractor shall post a permit bond as outlined in the *Sewer Permit General Conditions*.

Work covered by this permit shall not be initiated until this application has been reviewed and approved, and all permit fees have been paid in full. Applicant shall properly notify the District when work is scheduled to begin so that inspection can be scheduled. Upon completion of the permitted work, and final inspection and approval by the District, a Certificate of Operation shall be issued by the District to authorize the use and approval of the sewer facilities constructed under this permit. Unless otherwise authorized, the permit shall be valid for a period of ninety (90) days from the date of issuance.

**CERTIFICATION**

We (I) as applicant, have read and thoroughly understand the conditions and requirements of this permit application and agree to conform to the permit conditions and other applicable requirements of the South Lyons Township Sanitary District. It is understood that construction hereunder, after the permit is granted, shall constitute acceptance of all terms and conditions of the District. It is further understood that this application shall not constitute a permit until it is approved and signed by the District.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

In consideration of the documentation presented and fees paid, this application is hereby approved, and permit issued for work.

		<b>DATE:</b>
<b>PERMIT NUMBER ASSIGNED:</b>		
<b>PERMIT FEE PAID:</b>		
<b>CONTRACTOR BOND RECEIVED:</b>		
<b>DRAWINGS DOCUMENTS RECEIVED:</b>		
<b>OTHER DOCUMENTS RECEIVED: (DESCRIBE)</b>		
<b>COMMENTS:</b>		
<p>AN INSPECTION MUST BE MADE BY SOUTH LYONS TOWNSHIP SANITARY DISTRICT BEFORE BACKFILLING THE WORK CAN BE DONE. PLEASE CALL OUR OFFICE AT 708-354-7390 TO ARRANGE TO HAVE SOMEONE MAKE AN INSPECTION. YOU WILL BE REQUIRED TO DIG UP THE WORK DONE IF AN INSPECTION IS NOT MADE BY US.</p>		