

PRIVATE SEWER CONSTRUCTION PERMIT
RESIDENTIAL OR COMMERCIAL

THIS SECTION TO BE COMPLETED BY OWNER

1. Owner's Name: (Print)_____
2. Owner's Address: (For Billing Purposes)_____

3. General location of property to be served: (City, Township, Lake, Fire #)_____
4. Legal Description: (Found on tax statement)_____
5. Tax Parcel Number: (Found on tax statement)_____
6. Type of structure served: Residential_____, Apt._____, Commercial____Townhome____Duplex____Condo____
7. Check type of work to be performed: Installation____, Repair____, Other____
8. Number of independent living units:_____
9. Type of heating and cooling system:_____
10. Name of the ALASD licensed contractor:_____
11. Is street excavation required: Yes____ No____ If so, do you have city permit?_____
12. Plans and specifications for the proposed building sewer must be attached to this permit **except for single family residential units.**

In consideration of granting this permit the owner agrees to:

Maintain and operate the private sewer service at no expense to the ALASD. Make payment of user charges that begin on the date of inspection. Prevent groundwater or surface water from entering the sanitary sewer.

Signature of Owner: _____ Date: _____

ALASD Approval: _____ Date: _____

PERMIT EXPIRES SIX MONTHS FROM DATE OF APPROVAL

THIS SECTION TO BE COMPLETED BY ALASD

"M" Value:_____ "A" Value:_____ User Charge \$_____

Special Assessment Levied: Yes____No____ SAC:_____ Connection Charge: Yes____ No____

Inspector's Initials:_____ Inspection Date:_____ Billing Date:_____ Filing Date:_____

WTEF Fee:_____ Receipt #_____ **SAC & WTEF FEES MUST BE PAID PRIOR TO PERMIT APPROVAL**

** The ALASD recommends the insulation of any portion of the sanitary sewer line laid at a depth of less than 7 feet.

** Air testing of private service line is mandatory on all newly installed service pipe.

** Cleanout located immediately outside the structure is recommended.