

WASCO SANITARY DISTRICT

RESIDENTIAL WATER MAIN TAP PERMIT APPLICATION

APPLICANT NAME: _____	CONTACT NAME: _____
_____	PHONE #: _____

LICENSED PLUMBING CONTRACTOR: _____	PHONE #: _____
ADDRESS: _____	_____
STATE LICENSE NO.: _____	_____

SUBDIVISION: _____	LOT #: _____	UNIT: _____
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PROPOSED WATER SERVICE SIZE PER BUILDING PERMIT: _____ inches
 EXISTING WATER MAIN SIZE: _____ inches

YES NO

CERTIFICATE OF INSURANCE ON FILE WITH WASCO:

Applicant certifies that all information submitted by the Applicant is correct and complete, and that Applicant will notify the Wasco Sanitary District of any changes in the information contained herein prior to the issuance of any permit. Applicant understands that failure to supply accurate, complete and updated information may cause delay or revocation of any permit issued in reliance thereon. Applicant and all successors-in-interest agrees to comply with all rules, regulations, orders, statutes, laws, and ordinances of the Wasco Sanitary District, any applicable Fire Protection District, the County of Kane, the State of Illinois or any agency thereof, and United States of America or any agency thereof. Applicant acknowledges that any violation of said rules, regulations, orders, statutes, laws, or ordinances shall be grounds for denying this application or revocation of any permit issued. Applicant and all successors-in-interest agrees to pay all user fees and charges, including connection fees, imposed by the Wasco Sanitary District.

APPLICANT	DATE
BY	DATE

THE BUILDER MUST:

- NOTIFY TOWNSHIP ABOUT WORK IN ROW:
- PROVIDE WSD SKETCH OF WORK COMPLETED:
- EXISTING CORP FOUND, SHUT, AND ABANDONED (PHOTO REQUIRED):
- EXISTING B-BOX REMOVED (PHOTO REQUIRED):
- SIGNED INSPECTION CERTIFICATE FROM LICENSED PLUMBER AND CERTIFIED PLUMBING INSPECTOR:

FOR WASCO SANITARY DISTRICT USE ONLY

PERMIT #: _____

INSPECTION & DOCUMENTATION FEE : \$200.00 PAID

WATER METER FEE : PAID

WATER METER INSTALLED: YES NO Date: _____

Signature: _____

Date: _____

To Be Completed By: COUNTY BUILDING DEPARTMENT <i>(Please complete and return to WSD – P.O. Box 9, Wasco, IL 60183)</i>	
Co. Permit No: _____	_____
Lot Address: _____	_____