

WASCO SANITARY DISTRICT

NORTON LAKE

RESIDENTIAL CONNECTION PERMIT APPLICATION

APPLICANT NAME: _____	PHONE #: _____
ADDRESS: _____	
BUILDER/CONTRACTOR: _____	PHONE #: _____
ADDRESS: _____	

LOT #: _____	UNIT: _____
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Applicant certifies that all information submitted by the Applicant is correct and complete, and that the 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 Unites 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 SIGNATURE **DATE**

FOR WASCO SANITARY DISTRICT USE ONLY

PERMIT# _____

1" WATER METER FEE: \$700 PAID _____

ANNEXATION TRANSFER FEE: \$750 PAID _____

SIGNATURE: _____ DATE: _____

<p>TO BE COMPLETED BY VILLAGE OF CAMPTON HILLS</p> <p>40W270 LAFOX ROAD, SUITE B, CAMPTON HILLS, IL 60175, (630) 584-5700</p> <p>(PLEASE COMPLETE AND RETURN TO WASCO SANITARY DISTRICT)</p> <p>PERMIT #: _____</p> <p>LOT ADDRESS: _____</p> <p>PIN #: _____</p>
