

# SEWER MAIN TAP APPLICATION AND PERMIT

## CITY OF WHITE SULPHUR SPRINGS

105 W. Hampton St., P.O. Box 442, White Sulphur Springs, MT 59645  
Phone: (406) 547-3911 Fax: (406) 547-3945 Email: wss@itstriangle.com

Today's Date: \_\_\_\_\_

### Fees:

\$ 40.00	Resubmission Fee
\$ 1,750.00	Sewer Main Tap
\$ 750.00	Digging/Tearing Up Street/Alley
\$ Actual Cost	Street/Alley Repairs
\$ Varied	Other Installation Costs

### Customer Information:

Customer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_

Lot: \_\_\_\_\_

Block: \_\_\_\_\_

Addition: \_\_\_\_\_

### Application/Permit Information:

The application is made for authority to connect the premises at the above address with the City sewer main on \_\_\_\_\_ by a \_\_\_\_\_ inch PVC pipe.

Connections will be made \_\_\_\_\_ feet (Circle one: north, south, east, or west) of the manhole located at the intersection of \_\_\_\_\_ and \_\_\_\_\_.

All material and workmanship will be in strict compliance with City Ordinance(s) relative to such work and shall be approved by the Public Works Supervisor before and after backfilling.

### Customer Acknowledgement:

I understand that as the owner, I am ultimately responsible for all of the sewer charges for this property. If these charges go unpaid, a lien may be placed against the property listed above.

*I understand that no services will be turned on (accessible) until all installation costs payable to the City have been paid in full, or payment arrangements have been made.*

*If payment arrangements are needed, please fill out the Payment Plan Agreement form. The form will be submitted to the City Council for approval.*

Authorized Signature/Date: \_\_\_\_\_

### Public Works Supervisor:

(Initial & Date after each action)

Approved -- Before Backfill: \_\_\_\_\_

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

Approved -- After Backfill: \_\_\_\_\_

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

Services Turned On (Accessible): \_\_\_\_\_

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

### City Clerk:

Application Fee: \_\_\_\_\_ Received by: \_\_\_\_\_

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

City Installation: \_\_\_\_\_ Received by: \_\_\_\_\_

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

### Mayor:

Payment Plan Agreement approved: \_\_\_\_\_

Mayor's Signature: \_\_\_\_\_

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