



SEWER SERVICE CONNECTION APPLICATION

**City of Columbia
208 S. Rapp Ave.
Columbia, IL 62236
618.281.7144 x 105**

No:

Date of Order:

Applicant: _____
Contractor/Owner

Phone #: _____

Applicant hereby makes application for permission to connect with the City Sanitary System of Columbia, Illinois at the following

Subdivision: _____ **Lot #:** _____ **Block #:** _____

* Location where connection is to be made:

Sewer connection is subject to the following conditions and restrictions:

1. The said applicant shall furnish material, do all work, pay all costs and shall in a reasonable length of time restore the street or alley to a condition similar or equal to that existing before the commencement of the described work.
2. That the proposed work shall be located and constructed to the satisfaction of the supervisor of sewers or his duly authorized representative, and the material used shall conform to the standard specifications contained in the City Ordinances now in effect.
“Roof drains or footing drains may NOT be connected to sanitary sewers.”
3. In performing this work, the applicant shall not interfere with or obstruct traffic unreasonably on said street or alley.
4. That the applicant, his successors or assigns, shall assume all risk and liability for accidents and damages that may accrue to persons or property on account of this work.
5. That wherever required, sewerage service connection charges shall be remitted with this application and sewer service charges for use of the sewers shall be billed monthly at rates established by ordinances now in effect or as may be revised or amended.
6. That the sewer connection charge applicable to this application is \$_____.

Accepted by:

Applicant Signature _____ Date _____

ENDORSEMENT: This is to certify that the above described work has been completed in accordance with the provisions of the permit and the ordinances of the City of Columbia, Illinois.

Owner or Plumber Signature <i>(Staff use below):</i>	Date	Supervisor of Sewers	Date
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Received by – Staff Signature	Date Received	Building Permit #	
Connection Fee: \$	Date Paid:	Cash:	Check #: