

# APPLICATION FOR SEWER REPAIR PERMIT

SOUTH LYONS TOWNSHIP SANITARY DISTRICT

475 West 55th Street, Suite 107

PERMIT # \_\_\_\_\_

Countryside, Illinois 60525

708-354-7390 FAX: 708-354-0807

DATE: \_\_\_\_\_

FAX Completed form to 708-354-0807

APPLICANT \_\_\_\_\_

PHONE: \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

HEREBY applies for a permit to:

*The intended use of this application is for projects that are generally limited in scope involving primarily the **repair, replacement, or maintenance** of sewer system components.*

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. The applicant acknowledges that said contractor is acting in the capacity of agent of the applicant, and applicant agrees to be bound by and be responsible for all acts of the contractor. The contractor shall post a permit bond as outlined in the *Sewer Permit General Conditions*.

2. The applicant agrees that the work to be done will comply with the ordinances and regulations of the South Lyons Township Sanitary District and all other applicable Local, State, or Federal rules, regulations, codes, ordinances, or statutes.

3. Work covered by this permit shall not be initiated until this application has been approved, and all permit fees have been paid and bonds posted. The Applicant shall properly notify the District when work is scheduled to begin so that inspection can be scheduled. Unless otherwise authorized, the permit shall be valid for a period of ninety (90) days from the date of issuance.

## CERTIFICATION

We (I) as applicant, have read and thoroughly understand the conditions and requirements of this permit application and agree to conform to the permit conditions and other applicable requirements of the South Lyons Township Sanitary District. It is understood that construction hereunder, after the permit is granted, shall constitute acceptance of all terms and conditions of the District. It is further understood that this application shall not constitute a permit until it is approved and signed by the District.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

In consideration of the documentation presented and fees paid, this application is hereby approved, and permit issued for work.

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By: \_\_\_\_\_

South Lyons Township Sanitary District

ADDRESS: \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

**DATE:**

<b>PERMIT NUMBER ASSIGNED:</b>		
<b>PERMIT FEE PAID:</b>		
<b>CONTRACTOR BOND RECEIVED:</b>		
<b>DRAWINGS DOCUMENTS RECEIVED:</b>		
<b>OTHER DOCUMENTS RECEIVED: (DESCRIBE)</b>		

**COMMENTS:**

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