City of Forest City, Iowa
Application for Building Sanitary Sewer Service

Applicant ____________________________________ Date ________________
Address ____________________________________ Phone ________________
__________________________________________ County _________________

Legal Description of Property: _______________________________________

Property Owner’s Name & Address (If Different than Applicant’s): ___________

Type Class of Sanitary Sewer Service Requested:
(Please Check Appropriate Class & Include Fee with Application)
  Residential/Commercial Permit Fee ....................... $50.00 ☐
  Industrial Permit Fee ........................................ $100.00 ☐

Purpose of Application: ______________________________________________

Requirements:
• **Installation Check Valve** required on sanitary sewer service. Call City Hall at 585-3574 to set up inspection. (48-Hour Notice).
• **Inspection of Water and Sanitary Sewer Services** required by City staff *prior to backfilling* (48-hour notice). Installation of check valve required on sanitary sewer service.
• A Plat Showing the Location and Dimensions of the applicant’s property and the proposed sanitary sewer service location shall accompany this application. (See reverse side of application)
• **Limited Responsibility for Permit Revocation** - All permits to connect with sewer shall be given upon the express condition that the Council may at any time, before the work is completed, revoke and annul the same, and no party interested shall have a right to claim damages in consequence of any such permits being revoked or annulled.
• **Connection Charge** - There shall be a connection charge paid to reimburse the City for costs borne by the City in making sanitary sewer service available to the property served. Such charge shall be calculated by the City based on the location of the property being connected, the size of the lot, and the intended use of the property.
• **Commencement of Work** - Work must begin within six (6) months after approval is granted.

I certify that all information stated in this permit application is true and accurate and that the construction and use will comply with the Forest City Municipal Code and Ordinances in all respects.

Signed: ____________________________________
(Applicant)

Application Approved By: __________________________ Date: __________
(City Administrator)

7/2/18
INSTRUCTIONS

Applicant is to set out in the plat the size and width of lot where the sanitary sewer service is to be located, and all dimensions from lot lines, and the size and type of sewer pipe to be used. (All dimensions are to be given in feet and inches.)