

Wastewater Application for Sewer Permit
CALL FOR INSPECTION 928-204-7111
24 Hour Notification is Required



City Of Sedona Public Works Department
 108 Roadrunner Drive Sedona, AZ 86336
 (928) 204-7111 • Fax: (928) 282-5348

Check <u>all</u> that apply:	<input type="checkbox"/> New Connection	<input type="checkbox"/> Repair
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Applicant Information		Phone:		WW Permit#:	
Job Site Address:		Cell Phone:		Date Rec'd:	
E-mail:		Parcel #:		Permit Fee	
Backflow Device Required?	Yes No	Cap Fee Paid \$		Date Cap Fee Paid	

OWNER NAME:		CONTRACTOR NAME:	
Phone:		Company:	
Address:		Address:	
Cell Phone:		Phone:	
E-Mail:		Cell Phone:	
		E-mail:	
		City Business License #:	
		ROC State License #:	

Remarks:

Residential Properties	For Residential Connections a detailed site plan must be submitted.	Commercial Properties	For Commercial a site plan with dimensions and/or units must be submitted.
No of Units		WW Rate Category	
Connection Location		Type of Business	
Upstream		Units of Usage	
Manhole No		No of Units	
		Connection Location	

I hereby swear, or affirm, under penalty of perjury that I have read and examined this application for a Wastewater Permit, and know the same to be true and correct. All provisions of Laws and ordinances governing this type of work, will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority, to violate, or cancel the provisions of any other state, or local law regulating construction or the performance of construction.

Print Name	Signature	Date
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