



**CITY OF SEDONA
WASTEWATER APPLICATION FOR
PERMIT TO CONNECT TO CITY SEWER SYSTEM**

W.W. PERMIT # _____

APPLICANT INFORMATION

Completed by Applicant

Property Address _____

Parcel No. _____

Owner Name _____

Phone No. () _____ Cell No. () _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contractor Name _____

Office No. () _____ Cell No. () _____

Mailing Address _____

City _____ State _____ Zip Code _____

WASTEWATER FEES

Completed by Staff

Permit Fee \$ _____

Date _____ Check # _____

Capacity Fee \$ _____

Date _____ Check # _____

Other Fees _____

Date _____ Check # _____

Backflow Device Required:

Check One: Yes No

Check One: Residential Commercial

(For Residential Sewer Connections, a detailed site plan must be submitted.)

No. of Units _____ Connection Location: upstream upstream Manhole No. _____

FOR COMMERCIAL PROPERTIES ONLY:

(For Commercial, a plot plan with dimensions and/or units must be submitted.)

Wastewater Rate Category _____ Type of Business _____

Units of Usage _____ (e.g., seats, restrooms, square footage, etc.)

No. of Units _____ Connection Location: upstream upstream Manhole No. _____

Remarks _____

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.

Signature of Owner/Authorized Contractor Date Authorized City Representative Date

**Call for Inspection: (928) 204-7111
24-Hour Notification Is Required (One City Workday)**