

HOMESTEAD VALLY SANITARY DISTRICT - PERMIT TO CONNECT

Encroachment Permit Valid For One Year From Date Of Issue

Non-Transferable

Issued: _____ By: FBB Receipt No. _____ Permit No. _____

Owner: _____ Address: _____
Contractor: _____ Address: _____
Builder: _____ Address: _____
Type of Building: _____ SFD Address: _____

PAID BY: _____ Private

Lateral (in place) (To be installed) Public

SUBDIVISION: _____ Sub. No. _____ Lot. No. _____ Parcel No. _____

CALL USA BEFORE YOU DIG!!! 1-800-227-2600

Please describe the nature of the work that will encroach on the Homestead Valley Sanitary District Easement:

Attach plans, drawings, etc. if available:

Multiple horizontal lines for describing the work and attaching plans.

1) 24 hour notice is required for inspection. 2) An appointment for inspection to be made by District Office. 3) If requested, a responsible person to be on jobsite at the hour of inspection, otherwise a tag will be left by inspector.

\$1,000.00 Deposit Required: _____ \$1,000.00

Actual Cost of Permit Application:
Engineering/Legal _____
Roto Rooter _____
Inspection _____
Other _____
SUBTOTAL: \$1,000.00

Signature - Permit Applicant: _____ DUE/REFUNDED: \$ 1,000.00

District Inspection Signature & Date of Inspection

By: _____ On: _____ Initial: _____

Connection OK? _____ Remarks: _____ Infrastructure Paid: _____