

Sanitary District #1 – Town of Lyndon Sewer Hook-up Application Form

Property Owner:

Name: _____
 Billing Address: _____
 Telephone: Daytime _____ Evening _____

Licensed Plumbing Contractor:

Company: _____
 Address: _____
 Wisconsin License Number: _____
 Insurance Coverage: _____
(Certificate of Insurance Required)
 Primary Contact: Name _____ Telephone _____

Property/Worksite

Address: _____
 Sheboygan County Match Number: _____
(Parcel Tax Number of Lot)
 Description of Work to Be Performed: _____
(Attach plumber's drawing with accurate measurements and appropriate reference points)

Construction Plans Previously Approved By (Dates & Contacts):

Wisconsin Department of Commerce-Plumbing(Non-Residential) _____
 Sheboygan County Planning & Resource: _____
 Town of Lyndon Plan Commission: _____
 Town of Lyndon Construction Application: _____
 Town of Lyndon Permit Issued: _____

Fees and Approvals (Approvals subject to meeting performance requirements on reverse of this form):

Fees Due & Payable upon Issuance of Permit

- Sanitary Permit \$ 50
- Hookup Inspection \$ 100
- Sanitary District Access \$ 1,960
- Village of Cascade Impact Fee \$ 1,500
\$ 3,610

Fees Paid: _____ Date _____ Permit No. _____

Commissioner Approvals For Permit (2 required):

1. _____ Date: _____
2. _____ Date: _____

Sanitary District #1 – Town of Lyndon

New Construction Sewer Hook-Up Requirements

This approval and issuance of a Sanitary Permit is subject to the following conditions:

1. File a Certification of Insurance with the District prior to the permit being issued. Recommended insurance should cover workers compensation, automobile liability, general liability with the minimum following coverage: \$500,000 bodily injury and \$250,000 property damage.
2. The property owner/plumbing contractor agrees to furnish any additional information relating to the installation of use of the sewer as requested by the District.
3. All building sewers shall be installed per the Sanitary District Construction Standards (available on Internet at <http://www.townoflyndon.com/index.htm> and per appropriate sections of the Wisconsin Administration Code and abide by all provisions of the Town of Lyndon.
4. The plumber will be held responsible for the removal of any mud, sand, or debris, which enters the sewer as a result of the building sewer installation procedures.
5. The plumber shall not use the public lateral for trench dewatering.
6. The property owner/contractor is responsible for any damage to or disturbance to the public right-of-way and Sanitary District Easements.
7. Township road restoration will be the responsibility of the property owner contractor and must comply with the requirements of the Town of Lyndon and Sanitary District #1 – Town of Lyndon. (County Roads are subject to County Requirements)
8. Inspection of work performed must be completed before work is covered; i.e., work must be visible. **Contact a Sanitary District Commissioner two business days before work is to be performed.**
9. The Sanitary District #1 – Town of Lyndon requires that reserve capacity and replacement fund recovery charges be paid for all new construction per the “Initial Access Fee” as noted on the front side of this form. Payment of Sanitary District Access Fee, Village of Cascade Impact Fee and Permit Fee required upon issuance of the Sanitary District Permit. All Fees payable to Sanitary District # 1 – Town of Lyndon
10. Any expenses for installation, inspection, maintenance, etc. of the lateral which may be incurred by the Commission will be the responsibility of the property owner as such costs are encountered.

Sanitary District # 1 – Town of Lyndon

Sewer Inspection Completion

Name: _____

Address: _____

The above property was inspected on: _____, 20__

Service billing will start on the first of the month following the date of inspection

Signed: _____ **Date:** _____
Sanitary District Commissioner

Signed: _____ **Date:** _____
Town Of Lyndon Plumbing Inspector