

**ALTAMONT, ILLINOIS**  
**RESIDENTIAL OR COMMERCIAL BUILDING SEWER APPLICATION**

The undersigned, being the \_\_\_\_\_ of the property  
(owner, owner's agent)  
located at \_\_\_\_\_ does hereby request a permit to install and connect a building  
(address)  
sewer to serve the \_\_\_\_\_ at said location. Phone No. \_\_\_\_\_  
(residence, commercial building, etc)

1. The following indicated fixtures will be connected to the proposed building sewer:

<u>NUMBER</u>	<u>FIXTURE</u>	<u>NUMBER</u>	<u>FIXTURE</u>
_____	Kitchen Sinks	_____	Water Closets
_____	Lavatories	_____	Bathtubs
_____	Laundry Tubs	_____	Showers
_____	Urinals	_____	Garbage Grinders

Specify Other Fixtures \_\_\_\_\_

2. The maximum number of persons who will use the above fixtures is \_\_\_\_\_.
3. The name, address and phone number of the person who will perform the proposed work is \_\_\_\_\_
4. Plans and specifications for the proposed building sewer are attached hereunto as **Exhibit "A"**.

**IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, THE UNDERSIGNED AGREES:**

1. To accept and abide by all provisions of the **City Code**, and all other pertinent ordinances and codes that may be adopted in the future.
2. To maintain the building sewer at no expense to the City.
3. To notify the City when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered.

DATE: \_\_\_\_\_, 20\_\_ SIGNED: \_\_\_\_\_  
(APPLICANT)

\_\_\_\_\_  
(ADDRESS OF APPLICANT)

.....  
**(CERTIFICATION BY CLERK)**

\$ 100.00 (Inspection Fee Paid) DATE: \_\_\_\_\_, 20\_\_

\$ 100.00 (Connection Fee Paid) SIGNED: \_\_\_\_\_

.....  
**(APPLICATION APPROVED AND PERMIT ISSUED)**

DATE: \_\_\_\_\_, 20\_\_ SIGNED: \_\_\_\_\_  
(SUPERINTENDANT)

.....

**ALTAMONT, ILLINOIS  
RECEIPT**

Receipt is hereby acknowledged of the executed Application for Sanitary Sewer Service Connection from the person and for the property indicated below.

This receipt does not authorize service connection is made, inspection and approval of the customer service line by an authorized representative of the City is required, and approval of such connection and issuance of a Certificate of Inspection and Approval and Permit is conditioned upon compliance with all the Ordinances, Codes, Rules and Regulations of the **City**.

**NOTE:**

1. In the event the location of the sewer service connection is unknown, the Superintendent is to be contacted.
2. This office is to be notified the day before the work is to be done so that inspection may be arranged in accordance with inspections furnished. For example, if you desire inspection on Tuesday, contact us on Monday. If you desire inspection on Monday, contact us on Friday, etc.
3. If the sewer line is deep enough to drain your basement, if you have one, then the wastes from the basement as well as the other floor(s) of the property must go into the sanitary sewers. Downspout and surface drainage are prohibited insasmuch as this is not a storm sewer system.

**WARNING!** In order to coordinate our inspections, we must be advised in advance before the work is done. The inspection must be made before the trench is backfilled. If trench is backfilled before the inspection is made, it will have to be reopened to permit inspection.

**CITY OF ALTAMONT  
EFFINGHAM COUNTY, ILLINOIS**

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**CERTIFICATE OF INSPECTION, APPROVAL AND PERMIT**

**IT IS HEREBY CERTIFIED THAT** inspection has been made of the individually-owned sewer mains and sanitary service connection for the property described below, and said installation is hereby approved as in compliance with the Specifications, Rules and Regulations established by the Revised Code (Ch. 38) of this Municipality.

Permission is hereby granted to complete the construction of said individually-owned sewer main to the City Sanitary Sewerage System and to utilize the same for waste disposal in compliance at all times, with the Revised Code of this City.

ADDRESS: \_\_\_\_\_

TYPE OF CONNECTION:

_____	Single-Family Residence	_____	Multiple dwelling or trailer court
_____	Commercial	_____	Industrial
_____	Institutional	_____	Governmental

INSTALLATION BY: \_\_\_\_\_

THE SERVICE IS IN OPERATION AS OF THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

**CITY OF ALTAMONT  
EFFINGHAM COUNTY, ILLINOIS**

**SIGNED** \_\_\_\_\_  
(Inspected By)