

No. _____

CITY OF ST. LOUIS SANITARY SEWER TIE-IN APPLICATION

Address _____ Date _____

Lot No. _____ Block No. _____ Plat _____

Owner _____ Phone _____

Address _____

Account Billing Address (if different than above) _____

General Contractor _____ (if applicable)

Address _____

Size of Tap: _____

I hereby apply for a permit to use the City of St. Louis City Sanitary Sewer System. I certify that I will comply with all the laws, rules, and regulations governing same.

The permit application shall be supplemented by any plans, specifications, or any other information considered pertinent in the judgment of the inspector.

A set of plans must be submitted with this application.

FEE \$ _____ Signed _____

We have inspected the above described property and find this to comply with the City of St. Louis City Sanitary Sewer Code.

Date _____ Signed _____

Inspector