

# APPLICATION FOR SEWER MAIN CONNECTION PERMIT

City of Cedar Falls, Iowa

Phone: (319)268-5161 • Fax: (319)268-5197

---

Date of Application: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Phone #: \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Commercial  Residential

Project Description: \_\_\_\_\_

---

## EXCAVATION INFORMATION



The following ***must*** be completed:

---

Sewer Connection Type:       Municipal       Septic

Number of Sanitary Sewer Stubs \_\_\_\_\_

Number of Manholes to be Installed \_\_\_\_\_

Sewer Connection Location \_\_\_\_\_

---

*This work is to be done under the provisions of the ordinances of the City of Cedar Falls and the Undersigned agrees to comply with all of their requirements.*

---

Signature of Applicant: \_\_\_\_\_

---

**\*A PERMIT MUST BE ISSUED PRIOR TO COMMENCEMENT OF WORK\***

**\*PLEASE CALL 268-5161 FOR INSPECTION\***

**\*AT LEAST A COUPLE HOURS BEFORE INSPECTION IS READY\***