



FOR OFFICE USE ONLY
Parcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

APPLICATION FOR SEWER CONNECTION PERMIT

City of Quincy 730 Maine Street Quincy, IL 62301 (217) 228-4580 Fax (217) 228-4585

INSTRUCTIONS FOR COMPLETING THIS FORM
Repair Permit - Complete information requested in Section 1-5, 9 -11. Deliver form to Department of Utilities. Once permit fees are paid, permit will be issued.
New Connection Permits - Complete information requested in all Sections 1-11. Deliver application to the Utilities Department, pay the required connection fee per Section 51.112 of the Quincy Municipal Code.
Utility Department is open between 8:30 a.m. - 4:30 p.m. Permits may take up to 24 hours for processing.

- 1. Permit Type (Check One): New Connection \_\_\_\_\_ Repair \_\_\_\_\_
2. Property Owner: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
3. Current Address: \_\_\_\_\_
4. Installer: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_
5. Property Address: \_\_\_\_\_
6. Subdivision: \_\_\_\_\_ Lot No.: \_\_\_\_\_
7. Property Use: [ ] Residential [ ] Commercial [ ] Industrial
8. Describe Use: \_\_\_\_\_
9. Storm Water drainage provided for building (Check ALL that Apply):
[ ] Downspouts [ ] Footing Ties [ ] Sump Pump [ ] Window Wells [ ] Stairwells [ ] Area Drain
For each item checked, indicate where water is discharged \_\_\_\_\_

- 10. It is expressly understood and agreed by the undersigned that, if granted, said connection(s), shall be in consideration of and upon the following terms and conditions, to-wit:
• Applicant certifies that the information supplied is true, complete, and accurate to the best of their knowledge.
• Applicant shall pay all costs or charges incident to making said connection(s), as ay be determined by the policy of the City of Quincy, and that said connection(s) shall be made under the supervision of the designated official by the City of Quincy.
• If the above premises are not part of the Corporate City Limits of the City of Quincy, the Applicant agrees to annex this property as soon as it becomes contiguous.

11. Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY
Municipality: \_\_\_\_\_ Permit No: \_\_\_\_\_ Date Issued: \_\_\_\_\_
Sewer connection: Interceptor \_\_\_\_\_ Lateral \_\_\_\_\_ Use Code \_\_\_\_\_
Connection Units: P.E. \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_
Manhole Policy: [ ] Yes [ ] No Interceptor Tap Policy: [ ] Yes [ ] No