



20 N 6th Street
 Lafayette, IN 47901
 (765) 807-1050
permits@lafayette.in.gov

Office of the City Engineer

Non-Residential Sewer Permit Application

Service Address		Lot		Subdivision	
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Permit Type	<input type="checkbox"/> Sanitary <input type="checkbox"/> Storm
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Deeded Owner	Name/Entity	
	Address	
	City/State/Zip	

Applicant	Name	
	Role	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____
	Address	
	City/State/Zip	
	Phone	
	Email	

Contractor	Name	
	Address	
	City/State/Zip	
	Phone	
	Email	

Type of Operation	<input type="checkbox"/> Apartments _____ Units _____ Bedrooms _____
	<input type="checkbox"/> Commercial (describe type) _____
	<input type="checkbox"/> Industrial (describe type) _____

Expected Waste Product	<input type="checkbox"/> Sanitary Sewage <input type="checkbox"/> Other _____
	Is toxic or high strength discharge expected (see Ordinance #85-21) <input type="checkbox"/> Yes <input type="checkbox"/> No

The undersigned owner of lot _____ in _____ (subdivision) being _____ (address number) on the _____ (N/S/E/W) side of _____ (street) between _____ (intersecting street 1) and _____ (intersecting street 2) occupied as a _____. Owner of said premises, hereby makes application for a permit to make a connection with a public private sewer lying in _____.

Applicant hereby agrees that all construction will be in strict accordance with city ordinances. Construction guidelines and policies, now or hereafter to be in force. Applicant further agrees in consideration of granting of this application, that the city will be held harmless from any loss or damage that may in anywise result form, or be occasioned by, the construction, use or existence of such connection.

I certify that I am the owner, or legal agent of the owner, of the real estate subject to this application or I have been authorized by the owner, or legal agent of the owner, to submit this application (separate Letter of Consent required).

Deeded Owner/Authorized Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No (I will submit separate letter of consent)
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Applicant Name		Signature		Date	
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