



20 N 6<sup>th</sup> Street  
 Lafayette, IN 47901  
 (765) 807-1050  
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Office of the City Engineer

# Residential Sewer Permit Application

Project Location		Lot	Subdivision
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		

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 **Single Family Residence** for and on behalf of such owner of tenant of said premises, hereby makes application for a permit to tap and make a connection with a \_\_\_\_\_ (public or private) sewer lying in \_\_\_\_\_ (street) and said applicant hereby agrees that he/she will build a house lateral drain; such drain to be a **MINIMUM 6 INCH DIAMETER SEWER PIPE**; in strict accordance with the ordinances regulating sewers, now, or hereafter to be in force; and said applicant hereby further agrees, in consideration of the granting of this application, that he/she will hold the City of Lafayette harmless from any loss or damage that may in anywise result from, 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?  Yes  No (I will submit separate letter of consent)

Applicant Name	Signature	Date
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