

SEWER CONNECTION APPLICATION

Dorr-Leighton Wastewater Authority

Permit Number: _____

Account Number: _____

Applicant Information

Name: _____ Phone: _____

Service Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Application Submittal Date: _____

Property/Site Information

Sewer District: _____ Parcel Number(s): _____

Additional Information:

As the applicant, I submit that the information contained on this application form and any attachments are true, accurate, and correct to the best of my knowledge. I also am aware that I am responsible for any and all costs and fees associated with the consideration of this application according to the DLWA Rules and Regulations: _____ **(Applicant Signature)**

Approval

Hook up Fee Paid: Date Received: _____ By: _____

Check Number: _____

Design Review (if required): Date Completed: _____ By: _____

Professional Code Inspections (PCI)

Connection Inspection: Date Completed: _____ By: _____