

Office of the City Engineer
20 North 6th Street
Lafayette, Indiana 47901-1412
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**NON-RESIDENTIAL SEWER PERMIT
APPLICATION**

PROJECT # _____

PERMIT TYPE: SANITARY STORM

BUSINESS NAME: _____

OWNER NAME: _____

SERVICE ADDRESS: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____
(if different)

(City, State, Zip)

PHONE NUMBER: _____

CONTRACTOR: _____

ADDRESS: _____

(City, State, Zip)

PHONE NUMBER: _____

TYPE OPERATION: APARTMENTS _____ UNITS _____ BRMS
 COMMERCIAL (describe type) _____ INDUSTRIAL (describe type) _____

EXPECTED WASTE PRODUCT: SANITARY SEWAGE OTHER _____
Is toxic or high strength discharge expected? (See Ordinance #85-21) YES NO

THE UNDERSIGNED OWNER OF LOT NO _____ IN _____
(subdivision)

BEING NO. _____ ON THE _____ SIDE OF _____ BETWEEN
(HOUSE #) (N/S/E/W) (Street)

_____ AND _____ OCCUPIED AS
(Intersecting Street) (Intersecting Street)

_____. 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 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).**

DATE: _____

SIGNATURE: _____

TITLE: _____
(Property Owner or Authorized Representative ONLY)