

RESIDENTIAL SANITARY SEWER CONNECTION PERMIT APPLICATION

ANY SANITARY SEWER MAIN/LATERAL CONNECTION/LOCATION INFORMATION PROVIDED IS APPROXIMATE AND IS NOT GUARANTEED
 IT IS THE RESPONSIBILITY OF THE APPLICANT/OWNER TO CONTACT
 HAMILTON TOWNSHIP DIVISION OF INSPECTIONS TO WITNESS THE SANITARY SEWER CONNECTION

CONNECTION STREET ADDRESS: _____

CONNECTION BLOCK: _____ LOT: _____

PROJECT NAME (if applicable): _____

CONNECTION MEASUREMENT: _____

ANY SANITARY SEWER MAIN/LATERAL CONNECTION/LOCATION INFORMATION PROVIDED IS APPROXIMATE AND IS NOT GUARANTEED

APPLICANT/OWNER NAME: _____

PERMANENT LEGAL ADDRESS: _____

BEST CONTACT NAME: _____

PHONE: _____ EMAIL: _____

WAS A TWA (Treatment Works Approval) PERMIT REQUIRED: YES * NO _____ TWA PERMIT#
*The TWA permit must be obtained prior to the issuance of this permit

WAS THIS A SUBDIVISION or CONSOLIDATION: YES * NO _____ RESOLUTION#
*A copy of Township Resolution is required with this application

IS IT NECESSARY TO DISTURB THE ROADWAY: YES * NO _____ R/O PERMIT#
* A Road-Opening permit must be obtained prior to the issuance of this permit

PLEASE INDICATE ✓ THE FOLLOWING: **General** **Age-Restricted** **Number of**

| | | | | | | |
|--------------------------------|--------------------------|--------------------------|------------------------------|-----------------------------|-------|----------------|
| SINGLE FAMILY (detached): | <input type="checkbox"/> | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____ | BEDROOMS |
| MULTI-FAMILY (duplex/triplex): | <input type="checkbox"/> | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____ | BEDROOMS/UNITS |
| CONDO(S)/APARTMENT(S): | <input type="checkbox"/> | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____ | BEDROOMS/UNITS |

PLUMBER/CONTRACTOR NAME: _____

ADDRESS: _____

MOBILE: _____ OFFICE: _____ EMAIL: _____

OWNER/APPLICANT SIGNATURE: _____
(application MUST be signed & dated) SIGNATURE DATE

♦ FOR TOWNSHIP USE ONLY ♦

| GENERAL RESIDENTIAL FEES | | | | | |
|--------------------------|-----|---|-----|---|--|
| 1 Bedroom | 150 | / | 300 | = | 0.500 x \$2,500.00 = \$1,250.00 |
| 2 Bedroom | 225 | / | 300 | = | 0.750 x \$2,500.00 = \$1,875.00 |
| 3+ Bedroom | 300 | / | 300 | = | 1.000 x \$2,500.00 = \$2,500.00 |

| AGE-RESTRICTED COMMUNITY RESIDENTIAL FEES | | | | | |
|---|-----|---|-----|---|--|
| 1 Bedroom | 110 | / | 300 | = | 0.367 x \$2,500.00 = \$917.50 |
| 2 Bedroom | 170 | / | 300 | = | 0.567 x \$2,500.00 = \$1,417.50 |
| 3+ Bedroom | 225 | / | 300 | = | 0.750 x \$2,500.00 = \$1,875.00 |

SANITARY SEWER CONNECTION FEE: \$ _____ CHECK #/DATE _____ CASH

PERMIT #: _____ PERMIT ISSUE DATE: _____

PERMIT ISSUED BY: _____ DATED: _____
Print & Sign Name