



## SIDE SEWER TERMINATION APPLICATION

### EXISTING SIDE SEWER TO BE:

\_\_\_\_ Temporary Cap (Existing sewer line to remain and be used by new structure)

\_\_\_\_ Final Cap (Existing sewer line to be capped permanently)

Existing Utility Billing Account #: \_\_\_\_\_

### SIDE SEWER CONTRACTOR (MUST BE ON THE ACTIVE CITY OF REDMOND CONTRACTOR ROSTER)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

### Office Use Only

PROJ: \_\_\_\_\_ DATE RCV'D: \_\_\_\_\_

SWR: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_

### SITE LOCATION (ADDRESS)

Project Name: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Division #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Building #: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

COR Demo Permit #: \_\_\_\_\_

### DESCRIBE THE REASON FOR SEWER TERMINATION:

Due To: \_\_\_\_\_  
 \_\_\_\_\_

**INSPECTION FEES MUST BE COLLECTED BEFORE DISCONNECT WORK CAN BE DONE. A SKETCH OF THE CAPPED SIDE SEWER, ON CITY PROVIDED AS-BUILT CARD, WILL BE REQUIRED BEFORE UTILITY ACCOUNT CAN BE CLOSED. SIDE SEWER CONTRACTOR MUST BE LICENSED AND BONDED AND ON THE CITY APPROVED SIDE SEWER CONTRACTOR ROSTER.**

### OWNER NAME & MAILING ADDRESS

Owner Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Permit Contact Name & Phone #: \_\_\_\_\_

### OWNER BILLING ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)

Owner Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### OWNER OR AUTHORIZED AGENT

*I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. I hereby agree to comply with all applicable city ordinances pertaining to the installation of side sewers and use of city sewer system.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_