

**CITY OF WISCONSIN RAPIDS  
SEWER ACCESS PERMIT**

**\*THIS PERMIT IS GOOD FOR 60 DAYS FROM DATE OF ISSUE  
FOR CLEANING AND LINING SEWER LATERALS\***

DATE: \_\_\_\_\_

\_\_\_\_\_  
Permit #

PERMIT FEE **\$100.00**

CASH:

CHECK #: \_\_\_\_\_

RECEIPT#: \_\_\_\_\_

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

\_\_\_\_\_  
Owner Address

\_\_\_\_\_  
Location of Work

DESCRIPTION OF PROJECT: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

CONTRACTOR'S PHONE NO. \_\_\_\_\_ FAX#: \_\_\_\_\_

LATERAL CLEANING

LATERAL LINING

DATE & TIME WORK WILL BE READY FOR INSPECTION: \_\_\_\_\_

**(MINIMUM OF 2 WORKING DAY NOTICE)**

Contractor to provide live video tape of sewer before and after work is completed.

**NOTE:** THIS PERMIT IS ONLY FOR CLEANING & LINING SEWER LATERALS IN PUBLIC RIGHT OF WAY. AN EXCAVATING & PLUMBING PERMIT IS REQUIRED FOR REPLACEMENT OR NEW INSTALLATION OF SANITARY SEWER AND WATER. A STORM SEWER CONNECTION PERMIT IS REQUIRED TO CONNECT TO THE CITY'S STORM SEWER SYSTEM. APPLICANT MUST BE BONDED FOR EXCAVATING. CONTRACTOR IS REQUIRED TO PROVIDE TRAFFIC CONTROL. A TRAFFIC CONTROL PLAN MUST BE PROVIDED PRIOR TO ANY WORK BEING DONE.

The undersigned hereby agrees to comply with all state and federal laws, ordinances, rules and regulations of the City of Wisconsin Rapids.

PERMIT ISSUED BY: \_\_\_\_\_

Engineering Department

\_\_\_\_\_  
Applicant

INSPECTOR: \_\_\_\_\_

DATE INSPECTED: \_\_\_\_\_

QUESTIONS ? CITY ENGINEERING @ 715-421-8205 FAX: 715-421-8291

C: Applicant, Joe or Nick, Wastewater, Garage, Plumbing Inspector, Original in File

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