

Receipt No. _____

CITY OF WISCONSIN RAPIDS
STORM WATER CONNECTION PERMIT

Permit No. _____

Fee: **\$50.00**

Date: _____

Parcel No. _____

Check No. _____

Cash []

Repair of Right-of- Way: _____

****REQUIRED**

Name contractor/ person responsible for repair & phone # _____

Permission is hereby granted to _____ to connect storm water pipe
Excavator Name *Excavator Phone #*

Proposed size of connecting pipe _____ estimated peak flow _____ CFS

[] REPLACEMENT

[] INSTALLATION of pipe for _____
Owner

Location: _____
Street or Avenue Address

_____ *Owner Phone #*

The undersigned hereby agrees to comply with the Laws, Ordinances, Rules, Regulations, of the City of Wisconsin Rapids.

Permit issued by: _____
Engineering Department

_____ *Applicant*

C: Street Dept. - WW – Joe Eichsteadt – Dave Laspa – ORG/Excavating File & St File

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