



11901 Lakeside Dr
Fishers, IN 46038-1316
Fax (317) 577-0089
Phone (317) 577-2300

APPLICATION FOR SEWER CONNECTION PERMIT

Date of Application: _____

FOR OFFICE USE ONLY

Connection Permit # _____ **Date Permit Issued** _____

Subsequent Connector: YES NO Floating EDU: YES NO **EDU Allocation** _____ (Est. daily gallonage)

Grease Trap / Oil Water Separator Charge: YES NO _____ (# of GT/OWS) (\$30/per month/per device)

Preliminary Plan Review Fees ("PPR") \$100.00 / EDU **PPR Fees:** _____

Connection/Permit Fees \$305.00 / EDU **Permit Fees:** _____

Application Approved by _____ **Check #** _____ mm / dd / year **TOTAL FEES DUE:** _____

Monthly Billing to Commence: 90 days from Date of Permit Upon Sewer Connection Other _____ (Per HSE's Rules/Regulations)

CUSTOMER INFORMATION (BUILDER)

Name _____ **Contact Name** _____
Name of Builder / Company to Bill

Address _____ **Contact Phone** _____
Street

_____ **Email** _____
City/State/Zip

LOCATION ADDRESS – (LOT / DEVELOPMENT)

Parcel No.: _____

Development Name _____ **Section** _____ **Lot No.** _____

Address _____
Street No. Street Name City State Zip County

FACILITY INFORMATION

<u>Description of Facility</u>		<u>Type of Improvement</u>		<u>(Required) Grease Trap / O&W Separator</u>	
<input type="checkbox"/> SFR	<input type="checkbox"/> MFR	<input type="checkbox"/> New	<input type="checkbox"/> Remodel	<input type="checkbox"/> Yes	<input type="checkbox"/> No Grease Trap
<input type="checkbox"/> Non-Residential	<input type="checkbox"/> Special User	<input type="checkbox"/> Existing	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Yes	<input type="checkbox"/> No Oil/Water-Separator
<input type="checkbox"/> Municipal	<input type="checkbox"/> Other (Explain) _____			Total No. GT-O&W _____	

X _____ **Name of Sewer/Lateral Contractor selected from HSEU'S Approved List of Contractors for Installation of Sewer Laterals in HSEU's Service Area.**

I hereby represent and certify to make the foregoing application, that the application and accompanying plot plan are true and correct, and that all construction of sanitary sewer will comply with all rules, regulations, standards, and specifications currently adopted by Hamilton Southeastern Utilities, Inc. I further certify that storm water (i.e. downspouts, sump pump, surface water drainage, etc.) shall not enter the sanitary sewers and that no connections to sewer mains will be made without inspection and approval of Hamilton Southeastern Utilities, Inc.

The covenants and stipulations provided herein shall extend to and be binding upon the respective heirs, successors and assigns of the location to which sewer service is provided as described herein.

Signature of Builders Authorized Agent X _____
SIGNATURE PRINTED NAME