



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

# TENANT FINISH Application For Sewer Connection Permit

Date of Application: \_\_\_\_\_

## FOR OFFICE USE ONLY

Tenant Finish Permit # \_\_\_\_\_ Tenant Finish Permit Issued \_\_\_\_\_

Grease Trap / Oil Water Separator  Yes  No \_\_\_\_\_ (# of GT/OWS) (\$30/ea per month) EDU Allocation \_\_\_\_\_ (Est. daily gal)

System Development Charge ("SDC") \$3,850.00 / EDU Floating EDU:  Yes  No  
All commercial properties are assessed a minimum of two (2) EDUs. If tenant(s) facility is assessed above the minimum 2 EDUs, additional SDC's will be due. SDC Charge: \_\_\_\_\_

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: \_\_\_\_\_

## BILLING INFORMATION

Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Name of Company to Bill

Address \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Street

\_\_\_\_\_ Email \_\_\_\_\_  
City/State/Zip

## CUSTOMER INFORMATION (TENANT / BUSINESS)

Development Name \_\_\_\_\_ Section \_\_\_\_\_ Lot No. \_\_\_\_\_

Customer \_\_\_\_\_ Contact Name \_\_\_\_\_  
Name of the Business/Customer

Address \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Street

\_\_\_\_\_ Email \_\_\_\_\_  
City/State/Zip

## FACILITY INFORMATION (TENANT / BUSINESS)

| Description of Facility                  |  | Type of Improvement              |                                   | (Required) Grease Trap or O&W Separator |                          |                                |
|--|--|----------------------------------|-----------------------------------|---|--------------------------|--------------------------------|
|  |  |                                  |                                   | YES                                     | NO                       | (\$30.00/per month/per device) |
| <input type="checkbox"/> Non-Residential | <input type="checkbox"/> Special User          | <input type="checkbox"/> New     | <input type="checkbox"/> Existing | <input type="checkbox"/>                | <input type="checkbox"/> | Grease Trap                    |
| <input type="checkbox"/> Municipal       | <input type="checkbox"/> Other (Explain) _____ | <input type="checkbox"/> Remodel |                                   | <input type="checkbox"/>                | <input type="checkbox"/> | Oil - Water-Separator          |

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