## CITY OF LAKE MILLS - SEWER SYSTEM APPLICATION

|   | Project Information: Owner   |
|---|------------------------------|
| Project Address                             |                              |
| Property Owner/ Business Name               |                              |
| Owner/Business Phone Number                 |                              |
| Owner/Business Email Address                |                              |
|   | Project Information: Plumber |
| Plumber Name                                |                              |
| Wisconsin License Number                    |                              |
| Plumber Address                             |                              |
| Plumber Phone Number                        |                              |
| Plumber Email Address                       |                              |
|   | Project Details              |
| Official Address of Premise to be Connected |                              |
| Use of Premise                              |                              |
| Types of Wastes Discharged                  |                              |

## \*\*\*METER ALSO REQUIRED FOR ALL HOMES IN SANITARY DISTRICT (TOWN OF LAKE MILLS) \*\*\*

| Size of Meter(s) |  |
|------------------|--|
| 5/8" & 3/4"      |  |
| 1" to 1 ½"       |  |
| 2" and 3"        |  |
| 4" and 6"        |  |
| 8" and larger    |  |

Is sewer available to serve this premise? Yes

No

Date of anticipated lateral connection:

Paying the application fee: There is an application fee for this application and must be received before we can begin processing your application. A convenience fee of \$1.10 will be applied when paying by eCheck. A convenience fee of 3% will be applied when paying by credit card or debit card. Please contact the City of Lake Mills at 1-(920)-648-2344 to coordinate payment. In addition to the up-front application fee, you will be responsible for paying any professional charge-back fees related to the review of this application. You will receive an invoice from the City detailing those charges.

I hereby declare the application information contained herein is true and correct and that all requirements for connection to the city system per ordinance 624A have been and/or will be complied with in making this connection including inspection of the connection and metering system. (If applicant is not owner, owner's signature must accompany application).

Date

Applicant's Signature

Date

Owner's Signature (if different)

ATTACH A SKETCH SHOWING BUILDING LOCATION AND AREA OF PROPOSED LATERAL CONNECTION TO EXISTING MAIN.

## CITY USE ONLY

Impact Fee: \$

Payment Schedule:

Approved by:

Attach: Instructions, Service Charge Fee- Schedule, Sect. 4-7-10-2

Rev 8/2024