Please tab to each field and print form when complete.

Lincoln Public Works and Utilities Department

APPLICATION FOR WASTEWATER SERVICE

Date _____

_____ hereby makes application for a Sanitary Sewer service to the following described premises:

Lot Number _____

Block Number _____

Addition _____

} _____ **(Street Address)**

_____ **(Folio)**

Said premises to be used for: _____

Size of requested service to be as follows: Check One:

Tap Size _____ New Connection ☐ Replacement Tap: ☐ Sewer stubbed: ☐

As record title owner/onwers of the above described premises, I/we hereby agree to abide by all the Rules, Regulations and Ordinances of the City Wastewater Department, now in effect or to be enacted, together with all the Laws, Rules, Regulations, Executive Orders and Ordinances of the City of Lincoln, now in effect to be enacted, and request that a Sanitary Sewer Permit be granted to _____

Licensed Plumber, to install said Sanitary Sewer service.

Signed _____ By _____ Agent

Mailing Address _____

OFFICE RECORD

Checked for: Approved by Building Inspectors:

	CHECKED	BY	DATE
MAIN	☐		
OLD SERVICE	☐		

Signed _____

Date _____

Building Permit No. _____

Check One: City Water Supply _____ Private Supply _____ Ser. Order No. _____

PERMIT RECORD

Date _____

I certify that I am a Licensed Plumber of the City of Lincoln, Nebraska and have been issued

Sanitary Sewer Permit Number _____ for the purpose of installing said Sanitary Sewer service at

_____ Street.

Signed _____ By _____

Witness _____