

Island View Sanitary District

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2023 APPLICATION FOR SERVICE/LATERAL INSPECTION PERMIT

PROPERTY OWNER

Name_____

Mailing Address_____

City, State & Zip_____

Phone Number_____

Email Address_____

LICENSED CONTRACTOR

Name_____

Address_____

City, State & Zip_____

Phone Number_____

Email Address_____

PROPERTY ADDRESS FOR SEWER SERVICE

Tax Parcel Number _____

Wisconsin License Number_____

Reconnect/Lateral Capping Permit Fee \$100.00_____

New Connection Permit Fee \$175.00_____

*I understand that I must give 48 hours' notice to the Island View Sanitary District Inspector, Jerry Fabisch, before actual work begins. Phone 920-410-3486.

*I understand that all work is subject to inspection and test per state of Wisconsin Administrative rule. The Island View Sanitary District requires the inspector to be present to certify the test results.

*I further understand that if more than one inspection is required, the Island View Sanitary District may charge additional inspector fees.

THIS PERMIT IS ISSUED SUBJECT TO THE PROVISIONS OF THE "Sewer Use Ordinance"

APPLICANT SIGNATURE_____ **DATE**_____

PRINT NAME_____

***Return this completed form by mail, email or fax as listed above.

FOR SANITARY DISTRICT USE ONLY

Lateral inspection:	Acceptable	Date	Inspector
Pipe Material	_____	_____	_____
Connection to Main	_____	_____	_____
Reconnection to lateral	_____	_____	_____
Leak Test Witness	_____	_____	_____

All requirements for the district have been met and authorization has been granted to proceed. _____

Ron Harrell, President 920-233-4739

Thomas Konrad, Treasurer 920-233-0504

Vicky Rowe, Secretary 920-233-3441