116 S. Military Street PO Box 203 Stockbridge, WI 53088

## Village of Stockbridge

utilities@villageofstockbridgewi.gov (920) 439-1220

Sewer Utility Permit Application						
Village of Stockbridge						
Land Use Permit #		Permit #				
Date of Application		Date				
Property Owner Name						
		-				
Address						
Phone	Email					
Parcel #	Zoning					
Contractor Name						
		7in				
Address	City / State	Zip				
Phone	Email					
License # Cor	ntact Person					
Pro	ject Description					
	-					
Description of Project						
		•				
Project Type						
New Sewer Utility Hookup / Extension	\$ 150.00	Make Check Payable to:				
Existing Sewer Lateral Disconnection / Capped Replace Existing Sewer Lateral from Main to Structure	\$ 50.00	Village of Stockbridge Utilities				
Repair an Existing Lateral  Repair an Existing Lateral	\$ 100.00 \$ 50.00	1				
Disconnect Sewer Lateral from Old Structure-Reconnect to New	\$ 150.00	Return Application and Check to:				
Connect an Additional Sewer Lateral to and Existing Service	\$ 100.00	Village of Stockbridge				
One-time Inspection Fee - Sewer Utility	\$ 50.00	PO Box 203				
Sewer Access / Connection Fee	\$ 4,800.00	Stockbridge, WI 53088				
Total Amount Due						
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*	For Inspections Call:				
Inspections Required	Witkowski Inspection Agency, LLC					
U-G Plumbing	Other	Brian Witkowski				
Connection (s)	Erosion Control	Office: 920-286-6133				
		Cell: 920-912-0832				
For Office Use Only						
Date Received Paid \$		Check # Cash				

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Address				Permit #
	Dl	umhina	g Permit Applications	
	111	<u></u>		
Is Plumbing wor	k being performed by homeowner?		Yes - ( If checked skip to sketch )	No - (If checked must complete below)
Company			_	
Address			City / State	Zip
Phone			Email	
Contact				
	and with the conditions of this permit, u on the Department or Municipality, certific	(A), STATIN grees to comp understands to ies that all the		PERFORMED BY A CONTRACTING e and other Municipal Ordinances al liability, expressed or implied
Signature of	on.			License #
Master Plumb	er			License #
	IN BOX BELOW - Please provide a sk length of sewer lateral to the prop		·	

## Village of Stockbridge

Erosion Control Appli	cation - (If Applicable)			
Owner's Name				
Address of Project				
City	State Zip			
Phone # En	nail			
Contractor's Name				
Address				
City	State Zip			
Phone # En	nail			
Separate Site Plan Included Yes No				
Type of Erosion Control to be Installed - choose all that apply below:				
Silt Fence Bales	Vegetation Erosion Mat			
I, the undersigned Owner/ Contractor, do hereby agree to comply with SPS 321.125 & 321.126 of the Wisconsin Department of Safety & Professional Services building code viewable at dsps.wi.gov/sb/SB-DIVCodesListing.html				
Signature of Homeowner	Date			
OR				
Signature of Contractor	Date			