

**CITY OF ROCK RAPIDS, IOWA**  
**APPLICATION FOR SANITARY SEWER PERMIT**

Building Permit No. \_\_\_\_\_ Fee: \$50.00 Utility ID \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Name of Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Site Location \_\_\_\_\_

Application is hereby made for a permit to be issued to the above-named contractor to connect the premises at the above-identified site location with the municipal sanitary sewer system located in the \_\_\_\_\_ (street or alley). Said work to be in strict conformity with all requirements of the City of Rock Rapids and Rock Rapids Municipal Utilities.

Applicant hereby agrees to the following: (1) At the time of connection – to notify the Public Works Director so that the connection may be inspected; (2) Within 10 days after connection – to return the permit to the City Offices, along with a sketch and measurements showing the location of the connection thereon.

Owner or Contractor \_\_\_\_\_ Date \_\_\_\_\_

Public Works Director \_\_\_\_\_ Date \_\_\_\_\_

Received in City Office \_\_\_\_\_ Date \_\_\_\_\_

# CITY OF ROCK RAPIDS, IOWA – SANITARY SEWER PERMIT

Building Permit No. \_\_\_\_\_

Utility ID \_\_\_\_\_

Authority is hereby given to \_\_\_\_\_ (contractor), to execute work for \_\_\_\_\_ (owner) at \_\_\_\_\_ as covered by this application, under the following conditions:

1. The contractor executes the work in strict compliance with the requirements of the City of Rock Rapids and Rock Rapids Municipal Utilities.
2. Warning lights and barricades must be placed to protect the public.
- 3. Notify the Public Works Director prior to excavation.**
- 4. Trench must not be filled until Public Works Director has approved this permit.**

Contractor must return this Permit with measurements **within 10 days** after connection is made.

Connection was made with the City Sewer \_\_\_\_\_ feet from manhole located in \_\_\_\_\_ (street or alley) as indicated on the sketch.

Certification by Contractor \_\_\_\_\_ Date \_\_\_\_\_

Public Works Director \_\_\_\_\_ Date \_\_\_\_\_

Received in City Office \_\_\_\_\_ Date \_\_\_\_\_

