## **SEWER PERMIT APPLICATION**

## **RESIDENTIAL**

## DOWNERS GROVE SANITARY DISTRICT 2710 Curtiss Street Downers Grove, IL 60515 Phone 630-969-0664 Fax 630-969-0827 www.dgsd.org

Address	Lot	Block
Subdivision	Permanent Parcel # _	
Owners Name		Phone #
Address		
General Contractor		
Phone # Fax #	Email	
Address		
Sewer Contractor		
Phone #	Fax #	
Address		
Water Supplier: City or Village Name		or Private Well
The following items are needed for a sewer per	mit application:	
A topographic survey (site grading plan) of elevations of the upstream and downstream foundation elevation of the proposed building.		_
A Plat of Survey.		
A complete set of the architectural plans of the proposed building.		
A recorded copy of a deed as evidence of prop	erty ownership.	
The application is not considered complete until al Review time for permits is about 15 working day amounts and appropriate documentation for execustarted until the District issues a permit. If an exsewer disconnect permit.	s. The District will mail ation upon completion of	a review letter with the permit fee the plan review. <u>No work may be</u>
Applicant Name (printed)	Applic	cation Date

NOTE: If this property is held in a trust or the owner is a corporate entity, please contact Kimberly Giardini at 630-969-0664 to obtain a form to provide required additional information. The permit and Access Agreements cannot be prepared without this additional information.