## The Village of Scales Mound

## "At the top in Illinois" Form #WSA0706

## WATER/SEWER APPLICATION

Date:			No:	
Applicant Name:				
Applicant Address:				
Contact Name:				
Contact Home Phone:	Ce	ell #	Fax#	
Address of new connections:				
Sub Div:		Block #	Lot #	
	IO	w construction. 1	Has a Building Permit Application form been filed	
Residence Apartment	Commercial bui	ilding Other	r	
Ordinances, rules and regulations re Scales Mound or the Scales Mound for water and \$500.00 per tap for sa <u>ALL COMMERCIAL REQUESTS</u> 1. If this connection is commercia	garding installation Zoning Administra nitary sewer prior to EMUST COMPLE I please estimate to I, are there any ch	n and use, as well ator. I/We agree to to connection. TE ITEMS 1-3: the monthly wate	er usage in gallons stances used in your normal operation that will be	
3. If yes, attach a list of all chemi	icals or substances	s used in your op	operation that will be discharged into the system.	
	(Applicant)		Date:	
Office	e use only-Do not	write below this	s line - Office use only	
Application Received On	•	By:		
Total Fees Paid \$			Other Ref#	
		Water/Sewer Permit #		
Approved by:	Dat	te:		