



PO Box 2007, 1300 First Street
Cosmopolis, WA 98537
(360) 532-9230 Phone (360) 532-9215 Fax

APPLICATION FOR PERMIT CONNECT CITY SEWER SYSTEM

Name of Property Owner: _____

Street Address: _____

Description: Lot _____ Block _____ Addition _____

Number of Buildings: _____

Type of Occupancy: _____

**ALL NEW SEWER LINES CONNECTED TO CITY SEWER SYSTEM MUST BE AIR
TESTED AND INSPECTED BY THE CITY SEWER SUPERINTENDENT**

General Route and Location of Service Line: _____

Type of Pipe to be used: _____

Size of Pipe: _____

Type of Joint: _____

I, _____, HEREBY AGREE to indemnify and hold harmless the City of Cosmopolis from all suits, claims, accidents and damages occasioned by opening in the streets, alleys, sidewalks, or public places by me or those in my employ for making any connection with any public or private sewer, or for any other purpose and objects whatsoever, and that I will replace and restore the streets, alleys, sidewalks and public places over such openings to the satisfaction of the City officials.

Homeowner

Approved:

Sewer Superintendent

Date