Water & Sanitary Sewer Permit Application

Permit Number_____

Village of Hobart
Dept of Neighborhood Services
2990 S Pine Tree Rd
Hobart WI 54155
Phone: (920) 869-3803
Fax (920) 869-2048

Project Address_____ **Parcel Number**_____

Applicant is the: ☐ Owner OR ☐ Contractor **Lot Number**_____

Owner's Name: e-mail:		Mailing Address:	Tel: Fax: Mobile:
Plumbing Contractor (inside:) e-mail:	Lic#	Mailing Address:	Tel: Fax: Mobile:
This box Village use only. Date of Meter Installation:_____ Meter Size:_____ Meter Serial No:_____ Transponder No._____ Inspector:_____			
Lateral Contractor (outside:) e-mail:	Lic#	Mailing Address:	Tel: Fax: Mobile:

Type of Lateral	Water Lateral	Sanitary Sewer	Storm Sewer
Size/Diameter			
Material	HDPE	SDR 40	SDR 40
Tracer Wire Color	Blue	Green	Brown
Date of Installation	Village use only		
Inspector	Village use only		

Value of Work:_____ **Total Fees Collected:**_____ **Check #**_____
(if not included as part of a Building Permit)

I certify the above information is complete and accurate. I agree to perform the work in conformance to all approval conditions & applicable codes/ordinances.

_____ _____ _____
Applicant Name – Please Print Applicant Signature Date

Issued By:_____ **Date:**_____