



Water & Sanitary Sewer Permit Application

Permit Number [REDACTED]

Village of Hobart
Dept of Planning & Code
Compliance
2990 S Pine Tree Rd
Hobart WI 54155
Phone: (920) 869-3809
Fax (920) 869-2048

Project Address _____ **Parcel Number** _____

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

Owner's Name:		Mailing Address:	Tel:
e-mail:			Fax:
			Mobile:
Plumbing Contractor (inside:)	Lic#	Mailing Address:	Tel:
e-mail:			Fax:
			Mobile:

This box Village use only.

Date of Meter Installation: _____

Meter Size: _____

Meter Serial No: _____

Transponder No. _____

Inspector: _____

Lateral Contractor (outside:)	Lic#	Mailing Address:	Tel:
e-mail:			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: _____
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