



**DUPAGE COUNTY
DEPARTMENT OF PUBLIC WORKS
PERMIT APPLICATION
(Sewer/Water and Extensions)**

PROJECT NAME: _____

Project Description: _____

Owner/Tenant: _____ Address: _____

City, State: _____ Phone: _____

Email: _____

PROJECT LOCATION:

Address: _____ City: _____ Zip: _____

Sub or Plaza: _____

Sanitary System: _____ Water Supply: _____

PARCEL IDENTIFICATION NUMBER:

_____ - _____ - _____ - _____

APPLICATION FOR: (Check Item(s))

SANITARY MAIN Extension* _____ SANITARY Service Connection _____

WATER MAIN Extension* _____ WATER Service Connection** _____

BACKFLOW PREVENTION DEVICE*** _____

REMODELING Existing Structure (Submit Architectural Plan) _____

Overhead sewer is required on all new residential connections.

*Please complete and submit the Statement of Release on page 3.

Approved water meter installation is required within **14 days after connection approval. Failure to do so will result in water service termination and/or criminal complaint by the Office of the States Attorney per Ordinance Sec. 36-508.

***Please complete and submit a Cross Connection Control Survey if you check this item.

Will anything other than normal domestic sewage as defined in the Ordinance be discharged from the location for which the application is being made? YES _____ NO _____

Normal Domestic Sewage (as defined in the Ordinance) contains a Biochemical Oxygen Demand (BOD) of less than or equal to 220 milligrams per liter and suspended solids of less than or equal to 240 milligrams per liter. This comes from normal washing, cleaning, and washroom activities, kitchen activities and cooling water which does not contain anything toxic which, if discharged into the sewer system, would constitute a violation of the sewer use ordinance.

Non-Domestic Usage may include process rinse waters and wastewaters, excessive food and beverage wastes, discharges of cooling waters which contain chemicals which may be harmful to the treatment plants and/or sewer system, special cleaning solutions which may be corrosive, or which may contain toxic organic chemicals as defined in the Ordinance.

PUBLIC SYSTEM EXTENSIONS:

IEPA Application for Sanitary Sewer Extension (3 set) _____

IEPA Application for Water Main Extension (3 sets) _____

THE FOLLOWING DOCUMENTS MUST ACCOMPANY IEPA APPLICATIONS:

PROJECT PLANS (1 set) _____ PLAT OF SURVEY (1 set) _____

PROJECT SPECS. (1 set) _____ EASEMENT DOCUMENTS _____

I, _____, agree to conform to the terms and requirements of the DuPage County Water/Wastewater Use Ordinance and any other conditions and applicable requirements of DuPage County Department of Public Works.

I understand that if record drawings are required, I will submit them within 20 days after the extension has been completed, before testing of the new main can be done.

I understand that a copy of the DuPage County Water/ Wastewater Use Ordinance is available at no charge, at the DuPage County Department of Public Works, 421 North County Farm Road, Wheaton, Illinois 60187 or online at dupageco.org/publicworks

Signature: _____ **Date:** _____

Print name: _____

Title: _____

STATEMENT OF RELEASE

PROJECT NAME: _____

I, _____ (print name), as Owner/Developer, do hereby agree and affirm that, upon completion of the water and/or sanitary sewer extension (connection) for which this permit application is being submitted, and upon the COUNTY'S final inspection and approval for acceptance by the COUNTY, interest in all property rights to said extension shall be deemed transferred to the County of DuPage.

As part of this project, a record drawing is required. This record drawing will need to be submitted and approved before final inspection of this project can be scheduled and approved by DuPage County. The survey will need to be done in the same manner as that of the approved plan and will need to include b-box and/or stub locations.

I, as Owner/Developer, further agree that I or any assign(s), shall be responsible for all necessary maintenance and repair work to said extension (connection) for a period of **one (1) year** from the date of final acceptance by the COUNTY, with the COUNTY responsible for the maintenance and repair of said extension thereafter.

Signature: _____ Date: _____

Title: _____
(Officer or Authorized Representative)

***** ***** *****

NOTARY PUBLIC

State of Illinois)
) ss
County of _____)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, do hereby certify that _____, personally known to me to be the same person whose name is subscribed to this instrument, appeared before me this day in person, and acknowledged that he/she signed, sealed, and delivered said instrument as his/her free and voluntary act, for the use and purpose therein set forth.

Given under my hand and official seal, this ____ day of _____, 20__.

Notary Public

My commission expires: _____