



Permit Fees: [Fee Schedule A-Z](#)

Permit expires in 90 days from issuance

Side Sewer Termination Application

EXISTING SIDE SEWER TO BE:

____ Temporary Cap (Existing sewer line to remain and be used by new structure)

____ Final Cap (Existing sewer line to be capped permanently)

Existing Utility Billing Account #: _____

SIDE SEWER CONTRACTOR (MUST BE ON THE ACTIVE CITY OF REDMOND CONTRACTOR ROSTER)

Company Name: _____

Company Address: _____

Company Phone #: _____

Office Use Only

PROJ: _____ DATE RCV'D: _____

SWR: _____ ACCEPTED BY: _____

SITE LOCATION (ADDRESS)

Project Name: _____

Subdivision Name: _____

Site Address: _____

Division #: _____ Lot #: _____ Building #: _____

Tax Parcel Number: _____

COR Demo Permit #: _____

DESCRIBE THE REASON FOR SEWER TERMINATION:

Due To: _____

INSPECTION FEES MUST BE COLLECTED BEFORE DISCONNECT WORK CAN BE DONE. A SKETCH OF THE CAPPED SIDE SEWER, ON CITY PROVIDED AS-BUILT CARD, WILL BE REQUIRED BEFORE UTILITY ACCOUNT CAN BE CLOSED. SIDE SEWER CONTRACTOR MUST BE LICENSED AND BONDED AND ON THE CITY APPROVED SIDE SEWER CONTRACTOR ROSTER.

OWNER NAME & MAILING ADDRESS

Owner Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

E-mail: _____

Permit Contact Name & Phone #: _____

OWNER BILLING ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)

Owner Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

E-mail: _____

OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. I hereby agree to comply with all applicable city ordinances pertaining to the installation of side sewers and use of city sewer system.

Print Name: _____ Date: _____

Signature: _____