

City of Branson

APPLICATION FOR SEWER CONNECTION PERMIT

Project Name		Project Address	
Owner	Phone	Brief Description of Work	
	Cell		
Mailing Address	Email		
	Fax		
City of Branson Licensed Contractor	Phone		
	Cell		
Mailing Address	Email	Estimated Value of Project	
	Fax		
Certified Missouri Licensed Architect/Engineer	Phone	This Section For Official Use Only	
	Cell	Sewer Capacity Fee	
Mailing Address	Email	Sewer Connection Inspection	
	Fax	Water Meter	
<input type="checkbox"/> Residential Project <input type="checkbox"/> Commercial Project		Comments or Diagram	
PLEASE NOTE: A Sewer Connection Application must be completed and submitted <u>with</u> the application.			
Original Signature of Applicant			
I hereby certify I am the owner or duly authorized owner's agent, I have read this application and all information is correct. I further certify I have read, understand, and will comply with all the provisions outlined hereon. I also certify the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property. PROVISIONS: The issuance of a permit shall not be construed to release the owner or owner's agents from the obligation to comply with the provisions of all laws and ordinances, including federal, state, and local jurisdictions, which regulate construction and performance of construction. A permit will become null and void if the construction work authorized has not begun within 180 days from the date of issuance or if work is suspended or abandoned for 180 days prior to the final inspection.			
_____ Application Signature	_____ Date	Application Reviewed and Approved By: _____ Date _____	
_____ Please print name		Utilities: _____	

Office Use Only
Permit Number
Date Applied
Date Issued
Fees
Project Type Category
Other Documents Submitted
<input type="checkbox"/> Sewer Connection Application
Application closed because: <input type="checkbox"/> Expired on: _____ <input type="checkbox"/> Other, explain below.



DATE: _____

SEWER CONNECTION APPLICATION

Name: _____ Phone #: _____

Driver's License #: _____ Date of Birth: _____

Mailing Address: _____

Sewer Connection 911 Address: _____

Is the Sewer Connection Address Located Within the City Limits: _____ Yes _____ No

Property Owner's Name: _____ Phone #: _____
(If Different Than Above)

Property Owner's Mailing Address: _____
(If Different Than Above)

Is the Sewer Service at the Location for:
___ Primary Home ___ Vacation Home ___ Rental Residence ___ Business ___ Other/ Explain: _____

Name of Water Company that Serves this Property: _____

Size of Meter: _____

Contractor Name: _____ Phone #: _____

City of Branson Building Sewer Specifications and Requirements

1. Customer shall pay for all costs associated to connection of sewer service to city sewer main including all construction cost, permit fees, inspection fees and sewer system connection charges.
2. Connections must be completed in accordance with the International Plumbing/Residential Code and all city specifications and requirements listed in chapter 90 of the Municipal Code.
3. Contractor or owner shall deposit a bond of \$500 with the Finance Department and contractors shall have a valid Contractor's License through the City of Branson before a permit will be issued.
4. Call 1-800-dig-rite for locates on utilities prior to excavation.
5. Call the Utilities Department (417-243-2731) at least 24 hours prior for all inspections and testing.

I do hereby agree to comply with all of the above city specifications and requirements and to pay all charges for water and/or sewer service at the above address as long as said service remains in my name. I will notify the city of branson in the event I discontinue service in my name at the above address and will submit a new forwarding mailing address at that time.

Applicant Name (Print): _____ Applicant Signature: _____

Starting Date of Service: _____

(Office Use Only)