CITY OF BRANSON
110 W MADDUX STE 215
BRANSON, MO 65615
417-337-8549
FAX: 417-334-2391

CITY OF BRANSON
SEWER CONNECTION PERMIT APPLICATION

PERMIT NUMBER:_____

DATE RECEIVED:_____

PROJECT NAME		PROJECT STREET ADDRESS
OWNER	PHONE:	DESCRIPTION OF WORK
	MOBILE:	
OWNER'S MAILING ADDRESS	FAX:	
	E-MAIL:	
ARCHITECT	PHONE:	
	MOBILE:	
ARCHITECT'S MAILING ADDRESS	FAX:	ESTIMATED VALUE OF THE PROJECT
	E-MAIL:	
CONTRACTOR	PHONE:	SEWER CAPACITY FEE
	MOBILE:	SEWER CONNECTION INSPECTION
CONTRACTOR'S MAILING ADDRESS	FAX:	WATER METER
	E-MAIL:	COMMENTS OR DIAGRAM

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined hereon.

APPLICANT SIGNATURE	DATE
Please Print Name	

PROVISIONS: The issuance of this 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. This permit becomes null and void if the construction work authorized is not begun within 180 days from date of issue or if at any time prior to the final inspection and approval the work is suspended or abandoned for 180 days.

IT IS IMPORTANT TO CALL FOR INSPECTION AT LEAST 24-HOURS IN ADVANCE 243-2731

NOTICE: The permit issued shall be displayed on job site at all times during construction. A Job Site Inspection Card must be present on site at all times for inspection sign offs. This document must be turned in to the Planning & Development Department for the issuance of a Certificate of Occupancy or Compliance. All subcontractors must have a Branson City Contractor's License, issued by the Finance Department.

REVIEWED AND APPROVED BY: DATE:

UTILITIES:

DATE:

CITY OF BRANSON
SEWER CONNECTION APPLICATION

NAME: _____ **PHONE #:**_____

DRIVERS 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: _____

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 Contractors 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 Division (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)