

# Island View Sanitary District

PO Box 82, Winnebago, WI 54985

Business Secretary, Julie Rosenau

Email address: [julierosenau.islandview@gmail.com](mailto:julierosenau.islandview@gmail.com)

## APPLICATION FOR SERVICE/LATERAL INSPECTION PERMIT

The following information, along with payment in full of all required fees, is needed before the inspection can be completed.

### PROPERTY ADDRESS FOR SEWER SERVICE:

Tax Parcel Number \_\_\_\_\_

### Property Owner

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Licensed Contractor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lateral Capping Permit Fee \$100.00 ☐

Reconnect Fee \$100.00 ☐

WI Plumber License # \_\_\_\_\_

New Connection Permit Fee \$175.00 ☐

- I. I understand that I must give 48 hours' notice to the Island View Sanitary District Inspector, Jerry Fabisch, before actual work begins. Phone 920-410-3486.
- II. I understand that all work is subject to inspection and test per state of Wisconsin Administrative rule. The Island View Sanitary District requires the inspector to be present to certify the test results.
- III. I further understand that if more than one inspection is required, the Island View Sanitary District may charge additional inspector fees.

**THIS PERMIT IS ISSUED SUBJECT TO THE PROVISIONS OF THE "IVSD Sewer Use Ordinance"**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### FOR SANITARY DISTRICT USE ONLY

Lateral inspection:	Acceptable	Date	Inspector
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Pipe Material	_____	_____	_____
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Connection to Main	_____	_____	_____
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Reconnection to lateral	_____	_____	_____
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Leak Test Witness	_____	_____	_____
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All requirements for the district have been met and authorization has been granted to proceed. \_\_\_\_\_

Ron Harrell, President 920-420-4861

Thomas Konrad, Treasurer 920-233-0504

Vicky Rowe, Secretary 920-233-3441

Revised 05.26.2024