URBANA &
CHAMPAIGN
SANITARY
DISTRICT

FOR OFFICE USE ONLY

Parcel # _____ - _____ - _____ - _____ - _____

APPLICATION FOR CONNECTION PERMIT

P.O. Box 669 1100 E. University Ave. Urbana, IL 61803 (217) 367-3409 Fax (217) 367-2603

INSTRUCTIONS FOR COMPLETING THIS FORM

Repair Permits – Complete information requested in Section 1-5, 9 & 10. Fax or deliver form to UCSD office. UCSD will fax the permit authorization and inspection form to the appropriate Municipality's inspection department. The installer can pick up the permit at that office. UCSD will process applications received before 12:00 noon by 4:00 pm that day, after 12:00 noon by 12:00 noon the following day.

New Connection Permits – Complete information requested in all Sections 1-10. Fax or deliver to UCSD office. Pay the required connection fee and pick up permit at UCSD's office between 8 – 10 AM and 2:30 – 4:30 PM. Allow 24 hours for permit processing.

1. Permit Type (check one) New Connection _____ Repair _____

2. Property Owner _____ Phone ( )_____

3. Current Address: _____
   Street City State Zip

4. Installer _____ Phone ( )_____ Fax ( ) _____

5. Property Address _____
   Street City

6. Subdivision _____ Lot No. _____

7. Property use: ☐ Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ SIC Code

8. Describe Use: _____

9. Storm water drainage provided for building (check all that apply):
   ☐ Downspouts ☐ Footing Tiles ☐ Sump Pump ☐ Window Wells ☐ Stairwells ☐ Area Drain
   For each item checked, indicate where water is discharged_____
   _____

I hereby certify that information supplied is true, completed and accurate to the best of my knowledge.

10. Owner/Agent Signature _____ Date _____

========== FOR OFFICE USE ONLY ==========

Municipality:_____ Permit No:_____ Date Issued:_____

Sewer Connection: Interceptor _____ Lateral _____ Use Code _____

Connection Units: P.E._____ Amount Paid _____ Check #_____

Manhole Policy: ☐ Yes ☐ No Interceptor Tap Policy: ☐ Yes ☐ No

Repair Permit Authorization:_____ Date:_____