



Sewer Permit Application

City of Park City, Kansas

6110 N. Hydraulic, Park City, Kansas 67219

316-744-2026; 316-744-3865 fax

Date: _____, 20____

Location of Work: _____ Park City, Kansas 67219
(Address)

Name of Person work being done for: _____

DESCRIPTION OF WORK BEING DONE: _____

Contractor Name/Address _____

Contractor Phone _____ License Number _____

Applicant's Signature _____

COMPLETE ALL ITEMS WHERE APPLICABLE

- 1. Check one: New Replacement Repair
- 2. Check one: Residential Commercial Industrial
- 3. Tap required? Yes No
- 4. Does the work intrude in public right-of-way? Yes No
- 5. Street cut required? Yes No

Commercial/Industrial

- Oil/Water Separator?
 - If yes, include Type _____ Model Number _____
- Grease Interceptor Vault?
 - If yes, include Size _____ Brand _____ Model No. _____
- Garbage Disposal Installed? Yes No
- Dishwasher Installed? Yes No

Permit Fee: _____

***Sewer and Water work shall not be started until the application for the permit has been filed. All installations shall be in conformance with the Plumbing Code. INSPECTIONS REQUIRE 24 HOUR NOTICE.**

CALL 316-744-2026 FOR INSPECTIONS