



# Sanitary Sewer Permit Application

Community Development/Planning Dept.  
401 N. Madison St., Spring Hill, KS 66083  
(913) 592-3657 • (913) 592-5040 FAX  
planning@springhillks.gov • www.springhillks.gov

**Master Building Permit No.:** \_\_\_\_\_

*Sewer: Deferred or Non-Deferred (circle one)*

Application is hereby made to the CITY OF SPRING HILL, KANSAS by the undersigned owner or agent for a SANITARY SEWER CONNECTION PERMIT.

Applicant agrees to install or have installed, by a licensed plumber, the sanitary sewer connection. The applicant agrees to conform at all times to all plans and specifications prepared by and/or approved by the City Inspector of the City of Spring Hill, Kansas and to comply with the City ordinance governing sanitary sewer connections. When the work is ready for final inspection, the City Inspector, or his duly authorized agent, will immediately be notified. The owner or agent agrees to pay a fee of \$\_\_\_\_\_ at the time this application is granted which will include one inspection for final approval.

Name of Owner	Address	Phone No.
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Name of Contractor	Address	Phone No.
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**Legal Description:**

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

Subdivision \_\_\_\_\_ Phase/Plat: \_\_\_\_\_

Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_ Type of Construction:  Commercial  Residential

**Signature:** \_\_\_\_\_

*Applicant/Owner/Agent*

**Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

*Applicant/Owner/Agent*

**OFFICE USE ONLY**

The above applicant is hereby granted permission to proceed with construction of said sanitary sewer and connection as stated in said application subject to approval by the City Inspector or his duly authorized agent.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

**Backwater valve:**  Basement only  Whole house  First and Second floor