FAIRFIELD TOWNSHIP	Application for Sewer-Connection Permit
Property Owner	Phone
Property Address	
Single-Family Residence Multi-Family Res	sidence Commercial Building
I hereby apply for permit to connect the above-identified property I will comply with all requirements of applicable state laws and loc	to the Township sanitary-sewer system. al ordinances, including the following:
1. Payment of required inspection fee \$	
2. Consent to insspection of materials and workmanship both insid	de and outside the building.
3. Use specified standard materials and construction methods.	
4. Connect ALL wastewater discharge from building to sanitary-s	ewer system.
5. Disengage all existing septic tanks according to County Health I	Department regulations.
7. Complete connection by date of	
Installer's Name:	
Installer's Address:	
Approximate date of planned connection	
Owner's Signature D	ate
Receipt NoReceived	Cash Check No
Received byxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Date «xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Fairfield Township Sewer-Connection Permit No.	Date
Issued to	
For Property Address	Tax Roll No
Connection is to be completed by date of	,
Issued for Fairfield Township by	 ,
NOTE: Installer is responsible:	
. to comply with all applicable state læws and local solution. for applicable state plumbing permit and inspection to call MISS DIG (1-800-482-7171) before dis	n.
. to call	oved from house lead except in inspector's covered until inspector approves. nship.

Canary: Drain Commission /

White: Township/

Application for Sewer-Connection Permit

Pink: Owner

Inspection Report

Installers Name Date of Inspection:	1/
Type and size of pipe::	2/
Single family residence Septic tanks eliminate, or Health Department notified, or Internal plumbing inspected, or N/A No downspouts, footer drains, flowing wells or ground drains are connected	3/N/A
All wastewater discharge points are connected	
Remarks :	
(Diagram attached) Inspectors signature	e e
(Diagram attached) Inspectors signature	***************************************