



City of Asotin

www.cityofasotin.org

Phone: 509-243-4411

PO Box 517

121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

Application for Sewer/Water Connection

Applicant Name: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Work Phone: (____) _____ **Home Phone:** (____) _____ **Cell Phone:** (____) _____

Property Owner Name (if different): _____

Physical Address: _____ **City** _____ **State** _____ **Zip Code** _____

Mailing Address: _____ **City** _____ **State** _____ **Zip Code** _____

Current Zoning: _____ **Lot #:** _____ **Subdivision:** _____

Legal Description: _____

Please attach all plans of the proposed connection showing the whole course of the sewer and water from the house or building to the point of connection with the City Sewer and Water System. Show the location of all branches, wyes, traps and plumbing fixtures to be connected. Show outside dimensions of building(s) served, property line, and adjacent roads.

I, as owner of the above described property, hereby make application to connect onto the City of Asotin Sewerage and Water System and agree to comply with all Federal, State, City and County laws, regulation, codes and ordinances in effect regarding the use of the system and installation of the Sewer and Water.

The Applicant does hereby certify that all of the above statements and information in any attachments transmitted herewith are true under penalty of perjury by the Laws of the State of Washington.

Signature (Applicant): _____ *Date:* _____

Signature (Landowner, if different): _____ *Date:* _____

Sewer Alteration Fee	\$ 200.00	408	379 50 03
Sewer/TAP Inspection Fee	\$ 200.00	408	379 50 03
Sewer Hookup-Connection Fee	\$ 750.00	408	379 50 03
1" Water Meter/Connection Fee	\$1,900.00	408	379 50 02
*Street Cut	\$ 500.00	103	369 90 00 02

***Street Cuts charge for any cut through asphalt, pavement, concrete and/or cement.**

Please Remit Application Fees to:

City of Asotin
PO Box 517
Asotin WA 99402



Please call 243-4411 with any questions cityclerk@cityofasotin.org

FOR OFFICE USE ONLY

Date Rec'd: _____ *Rec'd By:* _____

Signature (City of Asotin Mayor): _____ *Date:* _____

Signature (City of Asotin Building Inspector): _____ *Date:* _____

Signature (City of Asotin Public Works): _____ *Date:* _____
Water & Sewer