

WHEATON SANITARY DISTRICT PERMIT APPLICATION

For help with filling out this form, see the FAQs on the WSD web site

Service Address Property Information

Street Address:

City, State, Zip Code:

Permanent Parcel Number: - - -

Legal Description: Attached?

Will There Be a New Service Lateral?

If yes, is a site plan illustrating proposed connection point to sewer main attached?

Check what type of permit asking for:

New

Demo

Rebuild

Addition/Renovation

Property Owner (If business, include contact person information)

Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Applicant Name:

Applicant Phone:

Applicant Email:

Sewer/Plumbing Contractor

Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Certificate of insurance with Wheaton Sanitary District as "additional insured" attached?

Type of Sewer Connection

Residential

Commercial/Industrial/Institutional

Description of Work:

Property Owner(s) Signature:

District prefers electronic submittals in .pdf format sent to permits@wsd.dst.il.us

* Link to the IEPA Permit form is: <http://www.epa.state.il.us/water/permits/waste-water/forms/wpc-ps-1schedule.pdf>