



CITY OF ANDERSON

Infrastructure Plumbing Permit Application

Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018
Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com
Marcie Watson: (765) 648-6063

Kevin Smith, Mayor

Print in Ink • Incomplete Applications Will Not Be Processed • Permit Valid for One Year

1. LOCATION OF CONSTRUCTION ACTIVITY

Address: _____

Lot: _____ Subdivision: _____

Potable Water Service Size: _____ LN. FT

Fire Protection Service Line Size: _____ LN. FT

Private Gas Lines Size: _____ LN. FT

Backflow Preventer: _____

2. PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

6. TYPE OF SYSTEM

A. STORM:

1. Oil & Water Separator _____ Size _____
Documentation / Plans Provided: Yes No

2. Storage Structures; Are Design Plans Provided: Yes No

3. Have You Paid Your Drainage Fees to City Engineering's Office: Yes No

B. SANITARY

1. Grease Trap _____ Size _____

2. Number of Manholes To Be Installed: _____
Documentation / Plans Provided: Yes No

3. Number of Clean-Outs To Be Installed: _____

C FIRE PROTECTION SERVICE

1. Meter Vault: Yes No
Is Backflow Preventer To Be Installed: Yes No
Documentation / Plans Provided: Yes No

2. Fire Loop Around Building: Yes No
How PIV Valves: _____
Any Fire Hydrants: Yes No How Many: _____
Documentation / Plans Provided: Yes No

3. INDICATE USE OF STRUCTURE

Residential (Single Family) Duplex

Commercial Industrial / Warehousing Agricultural

Multi-Family Pre-Manufactured Other _____

4. CONTRACTOR INFORMATION

Company: _____

Address: _____

Telephone: (____) ____ - _____ Fax: (____) ____ - _____

Registered Contractor: Yes No # _____

Contact Person: _____

Immediate Contact Telephone: (____) ____ - _____

Email: _____

I certify the information on this form is complete and accurate and I have the legal and contractual authority to perform this work.

_____ Date: _____

Signature of Property Owner or Authorized Agent of Contractor

7. ADDITIONAL DETAILS

A. Is there a Structural Building Permit Already Issued?
 Yes No Bldg. Sq. Ft.: _____

B. State Plan Release: Yes No Permit No. _____

C. General Contractor Name: _____

D. Contact Info _____

E. **Total Cost of Job:** _____

5. NATURE OF WORK TO BE CARRIED OUT

Start Date: _____ **Completion:** _____

Sanitary Lateral (Building to City Sewer) _____ LN. FT

Storm Sewer Lateral (From All Sources to Storage; From Storage to Discharge Point): _____ LN. FT

Building Installation(s) of Waste Lines and/or Water Lines

FOR OFFICE USE ONLY

Application Approved Application Denied

Date Approved: _____ Initials: _____

Special Conditions _____