

Building Department
222 N Chauncey Ave.
West Lafayette, IN 47906
765-775-5130
www.westlafayette.in.gov



Application # _____

building@westlafayette.in.gov

SEWER TAP PERMIT APPLICATION

Regional Tap

Owner/Contractor _____

NAME

PHONE

EMAIL

STREET _____ CITY _____ STATE _____ ZIP _____

Project Location _____

ADDRESS

LOT NUMBER _____ SUBDIVISION _____ PARCEL NUMBER _____

Single Family Residence Multi-Family Residence Commercial Other

This certifies that _____ is hereby granted permission to tap and make a connection with a public sewer at said property location: _____. All Indiana Residential Code and Indiana Building Code shall be met alongside the Typical Construction Standards set forth by the City of West Lafayette.

WATER METER SIZE(S) _____

No "pea-gravel" used for backfill shall be allowed within 1' (one foot) of the sewer lateral.

Failure to provide complete information or to return the two-sided sewer tap permit to the City Inspector at the time of inspection will result in the failure of the sewer tap inspection.

Call the Water Resource Recovery Facility at 765-775-5145 for inspection.

YOU MUST PROVIDE THE INSPECTOR WITH A TWO-SIDED SEWER TAP PERMIT

FOR OFFICE USE ONLY

Date Received: _____ Application Number: _____

Tap Fees: Tap: _____ Toters: _____ Recovery: _____ **Total Tap Fee:** _____

Permit Approval: _____

Authorized Signature

Date