

**SEWER SERVICE LINE REPLACEMENT PERMIT**

Permit No. \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**LOT:** \_\_\_\_\_ **BLOCK:** \_\_\_\_\_ **SUBDIVISION:** \_\_\_\_\_

**LICENSED UTILITY CONTRACTOR:** \_\_\_\_\_

**CONTRACTOR LICENSE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**TYPE OF SERVICE LINE:**

**Single Family**     **Multi-Unit**     **Business**     **Other**

**READ THE FOLLOWING AND SIGN**

1. Owner, user, applicant agrees to comply with all applicable provisions of the Utility and Zoning Codes of the Town of Silver City.
2. Per City Ordinance No. 1135, property owners are required to install a one-way check valve on all new sewer service connections. They can be purchased at any plumbing/hardware store.
3. Licensed Contractor performing a sewer service line replacement must adhere to trenching details provided as part of the permit application. Installation of warning tape indicating a buried sewer service line is required.
4. Compaction testing is required when backfilling trench. Test must be performed at not more than 2' lifts. Test results must be submitted and approved by the Utilities Department prior to patching of the roadway.
5. The area of asphalt cut for trenching purposes must be approved by the Public Works Department prior to trenching and must be saw cut straight with no jagged edges.
6. The Licensed Contractor understands he/she is liable for workmanship of the trench and patch for one year from the date of acceptance by the Town of SilverCity.

**APPLICANT:** \_\_\_\_\_  
**LICENSED UTILITY CONTRACTOR**

**DATE:** \_\_\_\_\_

**SEWER REPLACEMENT DEPOSIT: \$500.00**

**PAID BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**UTILITIES APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**ASPHALT CUT AREA:**

**Inspected by:** \_\_\_\_\_  
Public Works Department

**Date :** \_\_\_\_\_

**COMPACTION RESULTS:**

**Testing Facility:** \_\_\_\_\_

**Results Provided:** ( ) Yes ( ) No

**Approved By:** \_\_\_\_\_  
Utilities Department

**Date:** \_\_\_\_\_

**FINAL APPROVAL/RELEASE OF DEPOSIT:**

**Approved By:** \_\_\_\_\_  
Public Works Department

**Date:** \_\_\_\_\_