



SEWER SERVICE APPLICATION

Conditions described herein are made part of ENCROACHMENT PERMIT NO. _____ and shall be performed, provided, and/or completed by PROPERLY LICENSED CONTRACTORS ONLY. The CONDITIONS OF APPROVAL describe requirements of the City of Willows Code of Ordinances for NEW SEWER SERVICE CONNECTIONS.

Service Address _____

Owner's Name _____ Phone _____

Owner's Address _____

Applicant's Name _____ Phone _____

Company's Name _____

Company's Address _____

Applicant's Qualifications: Property Owner Contractor – License No. _____
 Other _____

CONDITIONS OF APPROVAL (in addition to Encroachment Permit Conditions):

1. All applicable fees shall be paid prior to approval (including connection & encroachment fees)
2. Call Underground Service Alert (USA) before digging in the public right-of-way – 811
3. All OSHA standards shall be followed
4. All work shall be per City of Willows Standards
5. Minimum slope of sewer lateral lines shall be 2% (1/4 in per foot)
6. Per WMC 13.10.140 - (7) Connection to Public Sewer. The connection of the side sewer into the public sewer shall be made in accordance with city standard specifications and at the applicant's expense, including connection, trenching, backfill and paving. The connection to the public sewer shall be made in the presence of a city inspector and under his supervision and direction. Any damage to the public sewer shall be repaired in conformance with city standard specifications.
7. Where slurry backfill is required, the slurry will require curing for at least 72 hours prior to roadway surfacing.
8. Trench plating is required for open trenches.
9. Any roadway, alley, curb, gutter, sidewalk, utility, and/or grade damaged during work shall be repaired to City of Willows Standards.
10. Inspection is required. Applicant shall call for inspection 24 hours in advance for main line tie-in, and lateral line prior to backfill. Inspection is also required for backfill and resurfacing.

APPLICANT ACKNOWLEDGEMENT

In making this application for City Sewer service, I acknowledge that I have read and understand the Conditions of Approval listed above and have reviewed the City Standard Details. I agree that all work shall be performed in accordance with Conditions of Approval, City Standards, and all applicable State and Local Codes.

Applicant's Signature _____ Date _____

OFFICIAL SEWER SERVICE CONNECTION APPROVAL

I authorize that the Applicant has paid appropriate sewer service connections fees and has met requirements to make connection to the City of Willows sanitary sewer system.

Authorizing Signature _____ Title _____ Date _____



CITY SERVICES ANTI-DISCRIMINATION FORM

The City of Willows Wastewater Treatment Plant construction was financed in part by a loan from the United States Department of Agriculture. Periodically, the City is required to show that the City services are provided without discrimination. If you are willing to provide this information, please complete and return this form.

Date _____

Service Address _____

Owner's Name _____ Phone _____

Owner's Address _____

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Please check one box for each of the following categories:

ETHNICITY CATEGORY:

- Hispanic or Latino
- Not Hispanic

RACE CATEGORY:

- American Indian or Alaska Native
- Asian
- Black
- Native Hawaiian or Other Pacific Islander
- White