

**CITY OF WEST OKOBOJI
PERMIT TO TAP WATER MAIN**

(No Fee)

PERMIT NO. _____

Owner _____

Owner's Address _____

Name of Contractor/Plumber _____ Cell Phone # _____

Contractor/Plumber's Address _____

Location of Work _____

Size of Service Line to be Installed: _____

Size of Corporation Cock to be Installed: _____

Location of Curbstop in Relation to Building and Lot Line (Submit Drawing)

Approximate Date Work is to Commence: _____

Approximate Date Work is to be Completed: _____

FOR UTILITY NOTIFICATION CALL IOWA ONE CALL 1-800-292-8989

The applicant hereby agrees, in consideration of the issuance of the permit, to comply with the terms of the ordinances and regulations relating thereto. Further, as a consideration of securing said water, agrees to pay to the City the water rates and any other amounts required by ordinance or regulation and agrees any that may become due and delinquent (including all penalties thereon) may be returned by the City as taxes and that said property be liable for payment of same.

Signature of Property Owner or Contractor/Plumber

Date: _____

Approved By _____ Fee Paid _____ Date _____
(City Administrator)