



Water & Sanitary Sewer Permit Application

Permit Number _____
(Assigned by Village Personnel)

Village of Hobart
Department of Public Works
2990 S Pine Tree Rd
Hobart WI 54155
Phone: (920) 869-3807
Fax (920) 869-2048

Project Address _____ **Parcel Number** _____

Applicant is the: Owner OR Contractor

Lot Number _____

Owner's Name:		Mailing Address:	Tel: Fax: Mobile:
e-mail:			
Plumbing Contractor (inside):	Lic#	Mailing Address:	Tel: Fax: Mobile:
e-mail:			

Req'd box for APPLICANT/PLUMBER only - MAIN METER INFO		This box for Village uses only - MAIN METER INSTALL	
Meter(s) Size(s): _____		Date of Meter Installation: _____	
Number of Meters: _____		Meter Size: _____	
		Meter Serial No: _____	
		Transponder No: _____	
		Group code: _____ Copy to DPW: <input type="checkbox"/>	

Lateral Contractor (outside):	Lic#	Mailing Address:	Tel: Fax: Mobile:
e-mail:			
Type of Lateral	Water Lateral	Sanitary Sewer	Storm Sewer
Size/Diameter			
Material	HDPE	SDR 40	SDR 40
Tracer Wire Color	Blue	Green	Brown
Date of Installation	Village use only		
Inspector	Village use only		

Value of Work: _____ **Total Fees Collected:** _____ **Check #** _____
(if not included as part of a Building Permit)

I certify the above information is complete and accurate. I agree to perform the work in conformance to all approval conditions & applicable codes/ordinances.

Applicant Name – Please Print

Applicant Signature

Date