



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: e-mail:		Mailing Address:	Tel: Fax: Mobile:
Plumbing Contractor (inside): e-mail:	Lic#	Mailing Address:	Tel: Fax: Mobile:
Req'd box for APPLICANT/PLUMBER only - MAIN METER INFO Meter(s) Size(s): _____ Number of <u>Meters</u> : _____		This box for Village uses only - MAIN METER INSTALL Date of Meter Installation: _____ Meter Size: _____ Meter Serial No: _____ Transponder No: _____ Group code: _____ Copy to DPW: <input type="checkbox"/>	
Lateral Contractor (outside): e-mail:	Lic#	Mailing Address:	Tel: Fax: Mobile:
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