

City of South Bend Department of Public Works Please submit Utility Verification fee of **\$50** to:

City of South Bend/Public Works Permit Office 227 W. Jefferson Blvd South Bend, IN 46601

Utility Verification Form

Pursuant to the City of South Bend Municipal Code § 6-4.1 and 17-79 through 17-87, the Permit Manager's Office has verified available utilities and connection requirements. This form is for the express purposes of notifying an applicant of whether City utilities are available in a particular location and what requirements are necessary for connection.

IT DOES NOT GUARANTEE CONNECTION TO CITY UTILITIES or CONSTITUTE A TAP PERMIT. The applicant must meet the requirements below prior to receiving tap permits to connect to City utilities:

Property Information (To Be Completed By Applicant):

Property Owner's Name:							
Address/Lot #/Subdivisior	n:						
City, State, ZIP:							
Single-Family Residential Other		Inside City Outside City & 1/8 Contiguous Outside City & Not 1/8 Contiguous					
The applicant is requesting	g the following c	connections:					
Water			No. of ERUs*:	Peak F	actor:		
Sanitary Sewer		* Equivalent Residential Unit Residential Peak Factor = 4			. ,		
<u>City Requirements (To E</u>	e Completed	by the City o	of South Bend):				
City Connection System Development C		, the City at the	time the applicatior	n for service is	; filed.		
Wastewater Surv (Note: May Waiver of Remon Annexation Requires System I	require industrial _c stration to Anne	discharge perm	t and pre-treatment)			
Public Works Authorized Signature:		Date:					
By executing this Utility Verificat accurate. If the City later deter be charged the corrected City forth under South Bend City Ord	mines that you m connection fee.	nisrepresented of You understan	any statement on th d the requirements i	is Utility Verific to connect to	cation Form, you will		
Property Owner or Representative Signature:					Date:		
Property Owner or Representati	ve Phone:						
** Form is not valid	without Authorized	d Signature and	l Property Owner or .	Agent's Signa	ıture **		
SDCs Paid Date:	□ Check # □ Cash	U'	/F Fee Paid Date:		□ Check # □ Credit □ Cash ∨ [1.15.202		