

City of South Bend Department of Public Works

Please submit Utility Verification fee of \$50

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

Utility Verification Form

Property Information (To Be Completed By Applicant):

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 Owner's Name:			<u></u>	
Address/Lot #/Subdivision	:			
City, State, ZIP:				
Single-Family Resid	dential	Inside City Outside City & 1/8 Contiguous Outside City & Not 1/8 Contiguou	s	
The applicant is requesting	g the following c	connections:		
Water		No. of ERUs*:	Peak Factor:	
Sanitary Sewer		* Equivalent Residential Unit (ERU) = 310 GPD Residential Peak Factor = 4		
City Requirements (To B	e Completed I	by the City of South Bend):		
City Connection F System Development C		the City at the time the application for s	ervice is filed.	
(Note: May r	equire industrial d stration to Anne	ntial Establishments lischarge permit and pre-treatment) xation Agreement		
Public Works Authorized Signature:		Date	Date:	
By executing this Utility Verification accurate. If the City later determined the corrected City of forth under South Bend City Ordinals.	on Form, you here mines that you mi connection fee. ' inance and agree	eby acknowledge the statements conto isrepresented any statement on this Utili You understand the requirements to co e to meet the requirements set forth ab	ained herein are true and ity Verification Form, you will nnect to City utilities as set ove.	
Property Owner or Representative Signature:			Date:	
Property Owner or Representative				
** Form is not valid v	without Authorized	d Signature and Property Owner or Agen	t's Signature **	
SDCs Paid Date:	□ Check #	UVF Fee Paid Date:	□ Check # □ Credit □ Cash	