

**DUPAGE COUNTY
DEPARTMENT OF PUBLIC WORKS
PERMIT APPLICATION**

PROJECT NAME: _____

Applicant/Owner: _____ Phone: _____

Address: _____ City, State: _____

PROJECT LOCATION:

Address: _____ Subdivision: _____

Lot: _____ Block _____ City _____ TWP _____ SEC _____ 1/4 SEC _____

Sanitary System: _____ Water Supply: _____

PARCEL IDENTIFICATION NUMBER: _____ - _____ - _____ - _____

APPLICATION FOR: (Check Item)

SANITARY Sewer Extension _____ SANITARY Service Connection _____

WATER MAIN Extension _____ WATER Service Connection _____

REMODELING Existing Structure _____ (Submit one original stamped set of architectural plans)

A copy of all applicable permits issued must be posted by the owner/applicant in a conspicuous location on the building site during construction and readily available for review by county staff.

Normal Domestic Sewage (as defined in the Ordinance) contains a Biochemical Oxygen Demand (BOD) of less than or equal to 220 milligrams per liter and suspended solids of less than or equal to 240 milligrams per liter. This comes from normal washing, cleaning, and washroom activities, kitchen activities and cooling water which does not contain anything toxic which, if discharged into the sewer system, would constitute a violation of the sewer use ordinance.

Non-Domestic Usage may include process rinse waters and wastewaters, excessive food and beverage wastes, discharges of cooling waters which contain chemicals which may be harmful to the treatment plants and/or sewer system, special cleaning solutions which may be corrosive or which may contain toxic organic chemicals as defined in the Ordinance.

Will anything other than normal domestic sewage as defined in the Ordinance be discharged from the location for which the application is being made? YES _____ NO _____

If yes, you are required to fill out the Industrial Wastewater Discharge Permit Application Questionnaire (Schedule D), for evaluation by the COUNTY as to whether the proposed discharge will be allowed as is, and whether any special monitoring and/or pretreatment will be required.

PUBLIC SYSTEM EXTENSIONS *(If applicable, submit applications with architectural plan)*

IEPA Application for Sanitary Sewer Extension (3 sets) _____

IEPA Application for Water Main Extension (3 sets) _____

THE FOLLOWING DOCUMENTS MUST ACCOMPANY IEPA APPLICATIONS:

PROJECT PLANS (4 sets) _____ PLAT OF SURVEY (2 sets) _____

PROJECT SPECS. (2 sets) _____ EASEMENT DOCUMENTS _____

PROJECT ENGINEER/ARCHITECT

Name: _____ Address: _____

City, State _____ Phone: _____

PROJECT DEVELOPER/BUILDER

Name _____ Address: _____

City, State _____ Phone: _____

DESCRIPTION OF WORK BEING DONE:

PROJECT DESIGN TOTAL FLOW: _____

To be completed by Property/Building Owner

I, _____, agree to conform to the terms and requirements of the DuPage County Water/Wastewater Use Ordinance and any other conditions and applicable requirements of DuPage County Department of Public Works.

I understand that a copy of the DuPage County Water/ Wastewater Use Ordinance is available at no charge, at the DuPage County Department of Public Works, 421 North County Farm Road, Wheaton, Illinois 60187.

Signature: _____ Date: _____

Print name _____ Title: _____

***** ***** **COUNTY OFFICE USE ONLY** ***** *****

APPLICATION FILED:

Date: _____ Time: _____ DPCDEC REP: _____

UPON APPROVAL ONLY: Permit: _____ Acct. No.: _____

STATEMENT OF RELEASE

PROJECT NAME: _____

I, _____ (print name), as Owner, do hereby agree and affirm that, upon completion of the water and/or sanitary sewer extension (connection) for which this permit application is being submitted, and upon the COUNTY'S final inspection and approval for acceptance by the COUNTY, interest in all property rights to said extension shall be deemed transferred to the County of DuPage.

I, as Owner, further agree that I or any assign(s), shall be responsible for all necessary maintenance and repair work to said extension (connection) for a period of **one (1) year** from the date of final acceptance by the COUNTY, with the COUNTY responsible for the maintenance and repair of said extension thereafter.

Signature _____ Date: _____

***** ***** *****

NOTARY PUBLIC

State of Illinois)
) ss
County of _____)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, do hereby certify that

_____,
personally known to me to be the same person whose name is subscribed to this instrument, appeared before me this day in person, and acknowledged that he/she signed, sealed, and delivered said instrument as his/her free and voluntary act, for the use and purpose therein set forth.

Given under my hand and official seal, this ____ day of _____, 20____.

Notary Public

My commission expires: _____