

# Town of Hermosa

PO Box 298 • 234 Main Street • Hermosa, SD 57744

Phone (605) 255-4291 • Fax (605) 255-4094

Email: town@hermosasd.com

## MUNICIPAL WASTE WATER CONNECTION APPLICATION

DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

Receipt # _____	Cash _____	Check # _____	Amount _____
Sewer Tap Application Fee <b>\$50.00</b> -Nonrefundable			
<b>Residential Tap Fee - \$1000.00</b>			
<b>Commercial Tap Fee - \$2000.00</b>			

Property Owner \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Connection Address \_\_\_\_\_

Legal Description \_\_\_\_\_

Contractor \_\_\_\_\_

**\*All Contractors must obtain Contractors license from Hermosa**

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Size of Tap \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_

Size and type of pipe and other supplies \_\_\_\_\_

If crossing roadway, will the connection be: Bored \_\_\_\_\_ Cut \_\_\_\_\_

Plumbing must be inspected by either the authorized agent of the Town of Hermosa or the South Dakota State Plumbing Inspector before any backfilling can be done. A 48-hour notice must be given for this inspection.

APPLICATION MUST BE APPROVED BY THE HERMOSA PLANNING AND ZONING COMMITTEE AND THE BOARD OF TRUSTEES PRIOR TO TAP BEING MADE.

By signing below, I acknowledge that I have read and understand all requirements for obtaining water service in the Town of Hermosa.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLANNING AND ZONING COMMISSION	HERMOSA BOARD OF TRUSTEES
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____
APPLICATION FEE <b>\$50.00</b> BALANCE DUE: _____	DATE PERMIT ISSUED: _____

Parcel #

OFFICE USE ONLY