

Application for Sewer Service
City of Alexander City

SECTION I: Applicant/ Building Department

Name of Applicant: _____ Date: _____

Street Address/ Location for Structure: _____

Applicant Contact Information:

Home: _____ Cell: _____ Office: _____

Email: _____ Other: _____

.....
Hand-drawn site plan of proposed sewer: (please provide all pertinent information, including property lines, nearest existing sewer, roads, right of way, other utilities, any needed easements, location of structure, etc.)
See attached Instructions or call any of the listed contacts with questions.

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By signing this application, the applicant is in full consent of contacting the Alexander City Utility Department by calling (256) 329-6707 in regards to additional utility deposits required for utility services

(Applicant's Signature)

(Date)

(Building Official's Signature)

(Date)

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SECTION II: Sewer Maintenance Department

Date Received: _____

Evaluation		
Based on estimated finish floor elevation provided by the applicant, will gravity sewer meet minimum slope requirements of the City policy?	YES	NO
Based on estimated finish floor elevation provided by the applicant, will the City require a pressure-relief apparatus and the associated liability release form?	YES	NO
Will any pumps or other special equipment be required?	YES	NO
Are any private easements required?	YES	NO

(Sewer Maintenance Superintendent's Signature)

(Date)

SECTION III: City Engineering Department

Date Received: _____

Based on review of the information provided on this application of the Applicant and the Sewer Maintenance Department, the sewer tap is:

APPROVED

APPROVED WITH SPECIAL PROVISIONS
(Listed Below)

DENIED

Provisions/ Comments: _____

(City Engineer's Signature)

(Date)