# Water and Sewer Connection Permit

**Date issued:**

**Building permit #:**

**Work start date:**

**Desired inspection date:**

**Time ready for inspection:**

## Project Information

### Subdivision name:

### Connection location:

## Contractor Information

### Company:

### Representative:

### Address:

### Business phone:

### Contact person:

### Cell phone:

## Nature of Work

### Connection type:
- Water
- Sewer
- Both

### Work zone:
- Commercial
- Residential

## Inspection Information — to be filled out by inspector

## Water Connection

### Meter set date:

### Set by:

### Initial:

### Date:

### Meter #:

### Picture taken:
- Yes
- No

### Picture attached on map:
- Yes
- No

## Sewer Connection

### Inspection date:

### Inspected by:

### Initial:

### Date:

### Site plan submitted:
- Yes
- No

### Sewer lateral map drawn:
- Yes
- No

## Sewer Video

### Video review date:

### Reviewed by:

### Initial:

### Date:

## Provisions

- The undersigned agrees to contact Pleasant Grove City Water and Sewer Division (801-785-2941) 24 hours prior to any excavation activity.
- The undersigned agrees that all construction shall conform to Pleasant Grove City Standard Specifications and Drawings, copies of which are available at pgcity.org, or CopyTec.

**Notice:** Compliance with all laws and regulations is required to protect the public from damage, injury, or loss. All necessary safeguards shall be erected and maintained by the contractor for safety and protection. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regarding construction or the performance of construction.

*I hereby certify that I have read and examined this application and know the information supplied to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not.*

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Pleasant Grove City Water and Sewer Division

Contractor
TO BE USED BY INSPECTOR

Date of Inspection: ___________________ Time arrived: ___________ Hours required: ___________

Description of Work: ________________________________________________________________

Asphalt Cut: ________________________________________________________________

Water test Pressure: ______ PSI ______ Chlorine Test: ______ PPH ______ Sewer Test Pressure: ______

Wet: ______ Dry: ______

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North

Street & Curb Line

West

Building

East

South

Comments

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