

CITY OF BEL AIRE

7651 E. Central Park, BEL AIRE KS, 67226

SEWAGE & WATER TAP PERMIT FORM

CALL 744-2888 FOR INSPECTION, 24 HOUR NOTICE REQUIRED

CALL 744-2451 EXT. 120 FOR PERMITS, FAX 744-3739

Date _____

PERMIT NUMBER _____

RECEIPT NUMBER _____

NEW, REPAIR, OR REPLACEMENT (CIRCLE ONE)

ADDRESS _____

DFU PER TAP _____

WSFU (INSIDE PER TAP) _____ WSFU (OUTSIDE, SPRINKLERS, ETC. PER TAP) _____

(B) IS REQUIRED;

A. TAX KEY # _____

B. LEGAL DESCRIPTION: Lot Block Addition Qtr Sec Twp Range

C. SIZE OF WATER TAP(S) _____ D. SIZE OF SEWER TAP(S) _____

SKETCH OF PROPOSAL – SHOW IN SPACE BELOW AREA TO BE REPAIRED

SKETCH CAN BE ADDED TO PLOT PLAN FOR NEW STRUCTURES. CHECK IF ADDED TO PLOT PLAN[]

LOT DIMENSIONS
 ALL WATER WELLS

OTHER STRUCTURES, CONCRETE DRIVES, TREES, SWIMMING POOLS, ETC.
 FLOOD PLAIN, PONDS, CREEKS

NO. WATER TAPS _____ @ _____ \$ _____

NO. SEWER TAPS _____ @ _____ \$ _____

SEWER REPAIR 1 @ 50.00 \$ _____

WATER REPAIR 1 @ 50.00 \$ _____

APPROVED BY _____ TOTAL FEE \$ _____

CONTRACTOR _____ BEL AIRE LICENSE # _____

Phone Number _____ FAX _____

Mailing Address _____

Signature _____

Address

Name