

Twin Lakes Regional Sewer District Sewer Connection Application Questionnaire

(ONLY PROPERTY OWNERS MAY APPLY FOR APPLICATION/PERMIT)

1. Is there a sewer utility easement on file for the property in which you are applying for an application/permit? *Circle One* YES NO Verified by TLRSD

2. List property owner name(s): _____
Verified by TLRSD

3. Please indicate which type of permit you are applying for:
Check one

<input type="checkbox"/> Connection within Project	<input type="checkbox"/> Relocate/Remove Control Panel
<input type="checkbox"/> Tap-On	<input type="checkbox"/> Relocate/Remove Grinder Unit
<input type="checkbox"/> Reconnection (Previously Abandoned)	
<input type="checkbox"/> Demo/Reconnection	
<input type="checkbox"/> Electrical Upgrade	<input type="checkbox"/> Other _____

4. List the **service address** for which you are applying for the permit: (If applying for more than one permit, complete a questionnaire for each property) Verified by TLRSD

Is this a duplex? *Circle One* YES NO

Is this address posted? *Circle One* YES NO

Posted where? Home
 Mailbox
 Other _____

Give a brief description of this home: (color, 3rd house on right side, etc.)

List general directions to this home: _____

Home's Foundation: *Check One*

<input type="checkbox"/> Basement –No plumbing	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Basement-With plumbing	<input type="checkbox"/> Trailer
<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Other _____
<input type="checkbox"/> Slab	

CONTINUE ON REVERSE SIDE

5. Do you have a sump pump? *Circle One* YES NO
6. Do you have perimeter drains? *Circle One* YES NO
7. Do you have a geothermal furnace system? *Circle One* YES NO
8. Do you share a septic tank? *Circle One* YES NO
 With what address(s): _____
- Do you have more than One septic tank? *Circle One* YES NO
9. Do you have a guest cottage, trailer, or RV hookup on the same lot as your home? *Circle One* YES NO
10. Do you have a garage? *Circle One* YES ATTACHED NO DETACHED
Circle One
11. List electric service provider: _____

12. What is your mailing address?

 Street/P.O. Box

 City, State, Zip

13. List contact phone numbers: Home: () _____
 Cell: () _____
 Work: () _____
 Other: () _____

14. Who will be doing the TLRSD sewer installation? **Verified by TLRSD**

FOR OFFICE USE ONLY:
Comments: _____
