

## **Platte County Regional Sewer District**

PO Box 590 • Platte City, MO 64079 (816) 858-2052 • (816) 858-3537 fax

## **Residential Sewer Connection Permit**

Property Information		
Service Address		
Water Provider MOAM	I KCMO CPWSD	#1 CPWSD #4 CPWSD #6
Residence Type Single I	Family Duplex	_ Multi-Unit
Connection Type New Co	onnection Repair	
Applicant (this person will be bill	ed once the connection has	been inspected)
Name		
Address		
City	State	Zip
Phone	Fax	
Email		_
<b>Connection Contractor</b> (the pers	on responsible for installation	on, if different)
		Zip
Phone	Fax	
Email		_
<ul><li>tracer wire locate station shall l</li><li>All public infrastructure (e.g. m</li></ul>	he public sewer line, it shall be i be installed within 10 feet of the anholes, valve pits) must be acc e permitted in sidewalks or drive	essible at grade.
Applicant Signature		Date
PCRSD Office Use Only		
PCRSD District	_ Connection Fee \$	Residential Units
Total Due \$	Reference #	
Permit Issued		Date
Inspector Approval		Date



Estimated length (in feet)

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Connection Diagram		
The inspector shall use this area to sketch the inspected connect	ion from the PCRSD line to the dwelling unit.	
Service Address		
	N	
Pipe Material		