



SANITARY SEWER COMMERCIAL PERMIT APPLICATION

ALL SECTIONS ON THIS FORM MUST BE COMPLETED FOR PERMIT ISSUANCE. If in any of the sections the information is not applicable or unknown, please indicate with either N/A or TBD. This application must be accompanied by items 1 through 3 noted on the Commercial Sewer Permit Information Checklists found in the "Forms" section of the JCW website, www.jcw.org. Please also see the Commercial Permit Plan Requirements document in the "Forms" section for permit site plan requirements. The project submittal history and status can be monitored in the "Commercial Building Status" found in the Engineering Maps section at www.jcw.org.

Submittal Date: _____ Project Name: _____
Project Site Address: _____ Suite/Bldg/Unit #'s _____
City: _____ Zip Code _____
Project Plat Name and Lot # (Provide Lot Boundary Description if site will not be platted.): _____
Property Identification #. (PID): _____

PRIMARY CONTACT: Provide the following information for the contact that will be responsible for submitting all information and drawings required to complete JCW Plan review.

*Contact Name: _____
*Company Name: _____
Address: _____
City, St & Zip: _____
Phone Number: (____) _____ - _____ Alternate:(____) _____ - _____
Fax Number: (____) _____ - _____ E-mail: _____

- * This primary contact represents one of the following (check one):
 General Contractor Owner Architect Civil/Site Engineer
 Construction Manager Tenant Plumbing Designer

Application for Sanitary Sewer Commercial Permit

BUILDING OWNER

Contact Name: _____
Company Name: _____
Address: _____
City, St & Zip: _____, _____
Phone Number: (____) _____ - _____ Alternate:(____) _____ - _____
Fax Number: (____) _____ - _____ E-mail: _____

TENANT/BUSINESS OWNER:

Contact Name: _____
Company Name: _____
Address: _____
City, St & Zip: _____, _____
Phone Number: (____) _____ - _____ Alternate:(____) _____ - _____
Fax Number: (____) _____ - _____ E-mail: _____

CONSTRUCTION MANAGER/GENERAL CONTRACTOR: (This information may be submitted at a later date but must be provided prior to permit issuance)

Contact Name: _____
Company Name: _____
Address: _____
City, St & Zip: _____, _____
Phone Number: (____) _____ - _____ Alternate:(____) _____ - _____
Fax Number: (____) _____ - _____ E-mail: _____

EXTERNAL PLUMBING CONTRACTOR: (This information may be submitted at a later date but must be provided prior to permit issuance)

Company Name: _____
Address, City, St & Zip: _____, _____
Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____
E-mail: _____

Application for Sanitary Sewer Commercial Permit

INTERNAL PLUMBING CONTRACTOR: (This information may be submitted at a later date but must be provided prior to permit issuance)

Company Name: _____

Address, City, St & Zip: _____, _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

E-mail: _____

ARCHITECT:

Contact Name: _____

Company Name: _____

Address: _____

City, St & Zip: _____, _____

Phone Number: (____) _____ - _____ Alternate:(____) _____ - _____

Fax Number: (____) _____ - _____ E-mail: _____

CIVIL-SITE ENGINEER:

Contact Name: _____

Company Name: _____

Address: _____

City, St & Zip: _____, _____

Phone Number: (____) _____ - _____ Alternate:(____) _____ - _____

Fax Number: (____) _____ - _____ E-mail: _____

PLUMBING DESIGNER:

Contact Name: _____

Company Name: _____

Address: _____

City, St & Zip: _____, _____

Phone Number: (____) _____ - _____ Alternate:(____) _____ - _____

Fax Number: (____) _____ - _____ E-mail: _____

Application for Sanitary Sewer Commercial Permit

TYPE OF WORK (Check all that apply):

- New Construction Building Addition Tenant Finish
 Other (Describe): _____

BUILDING USAGE (Check all that apply):

GENERAL BUILDING TYPE	SQUARE FOOTAGE	NUMBER OF UNITS, BAYS AND/OR ROOMS
<input type="checkbox"/> Multi-Family/Apt. with washer/dryer hookups	N/A	Provide list w/ # of units per building
<input type="checkbox"/> Multi-Family/Apt. without washer/dryer hookups	N/A	Provide list w/ # of units per building
<input type="checkbox"/> Multi-Family/Townhouse/Duplex	N/A	Provide list w/ # of units per building
<input type="checkbox"/> Retail/Grocery Store/Department Store		N/A
<input type="checkbox"/> Office		N/A
<input type="checkbox"/> Warehouse		N/A
<input type="checkbox"/> Maintenance Building		N/A
<input type="checkbox"/> Food Prep / Full Service Restaurant / Fast Food / Cafeteria / Coffee House / Bakery (Circle One)		N/A
<input type="checkbox"/> School / Daycare / College (Circle One)		N/A
<input type="checkbox"/> Religious / Church		N/A
<input type="checkbox"/> Medical Offices / Outpatient Clinics		N/A
<input type="checkbox"/> Bank / Credit Union		N/A
<input type="checkbox"/> Gas / Convenience / Service Station		N/A
<input type="checkbox"/> Automotive Repair / Service Center		Number of Bays _____
<input type="checkbox"/> Wash Bay	N/A	Number of Manual Bays _____ Number of Automatic Bays _____ Number of Pull thru Tunnels _____
<input type="checkbox"/> Hotel / Motel		Number of Rooms _____
<input type="checkbox"/> Veterinary Clinic		N/A
<input type="checkbox"/> Hospital / Retirement		Number of Beds _____
<input type="checkbox"/> Beauty Salon / Barber Shop / Tanning		N/A
<input type="checkbox"/> Swimming Pool (list water surface area of the pool)		N/A
<input type="checkbox"/> Clubhouse / Bath House		N/A
<input type="checkbox"/> Industrial / Manufacturing (Please contact JCW for more information)		N/A
<input type="checkbox"/> Other (Describe):		

SPECIFIC BUSINESS OPERATION(S) PERFORMED IN BUILDING SPACE: _____
