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# Lateral Permit Application

<b>Project Address</b>	_____			
<b>Owner / Tenant</b>	Name _____		Phone _____	
	Address _____		Email _____	
<b>Contractor</b>	Company Name _____		Phone _____	
	Contact _____		Email _____	
	Address _____		State Credential #'s _____ Master Plumber or Utility Cont. Lic # _____	
<b>Type</b>	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Abandon			
<b>Use</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
<b>Lateral Information</b>	<b>Sanitary Sewer #1</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
	<b>Sanitary Sewer #2</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
	<b>Sanitary Sewer #3</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
	<b>Storm Sewer #1</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
	<b>Storm Sewer #2</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
	<b>Storm Sewer #3</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
	<b>Water Service #1</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
	<b>Water Service #2</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
	<b>Water Service #3</b>	Size: _____ (" )	Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Vitrified Clay	Type: <input type="checkbox"/> Lateral <input type="checkbox"/> Main
<b>Project Description</b>	_____ _____			
<b>Value of Job</b>	\$ _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card (office or online only)			
<i>I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.</i>				
Name: _____		Date: _____		
Master Plumber / Utility Contractor Signature: _____				