

PUBLIC WORKS - UTILITIES

Sewer Disconnect

Return completed form via email to LCUNewInstalls@leegov.com or fax to 239-485-8399

Prope	Property owner:	
	number:	
Job ad	ddress:	
	tions to job:	
	REQUIREMENTS FOR PERMITS Residential/Commercial Structure	
	,	
	Cut and Cap existing wastewater service at right of way	
1.	Type of Structure: House: Mobile Home: Garage: Shed:_ Commercial Building: Other:	
2.	Potable Water: None: Utility: Well: Other:	
	Irrigation Water: None: Utility: Well: Other:	
	Utility Provided Sewer: Septic Tank:	
5.	Planned Date of Demolition:	
6.	Plumbing contractor to be used for LCU Sewer Disconnect:	
	Call for sewer lateral location: <u>www.callsunshine.com</u> or 811	
8.	Contact Inspector: Jared Blake or Steffean Johnson	
	Telephone: 239-533-8200	
	E-mail: JBlake@leegov.com AND SJohnson4@leegov.com	
	Call/e-mail for inspection 24 hours in advance	
<u>.</u> .		
	ture of Demolition Contractor or Owner:	
Date:	Phone Number:	

conditions and requirements as set out in this document.

Comments: _____

Inspected By: _____