



Application for Sewer Addition Meter

City of Madison Engineering Division

Engineering Operations Facility ■ 1600 Emil Street ■ Madison, WI 53713

Application No. _____

Property Owner/Plumber Information

Owner: _____
Last First M.I.

Legal Address: _____
Street Address

_____ *City State Zip*

Home Phone: _____ Work Phone: _____

Plumbing Contractor: _____

Address: _____
Street Address

_____ *City State Zip*

Phone: _____ E-Mail Address: _____

Estimated Date Piping Will Be Completed: _____ Meter Size Requested: _____

Sewer Addition Meter Information

Property Description (check appropriate space)

Residential Commercial Industrial

Sewer Addition Meter Use (check appropriate space)

Boiler Blow Down Cooling Tower Blow Down Other _____

Sketch showing any existing/new equipment in relation to the Sewer Addition Meter to be attached

Please note, applications without a sketch cannot be processed

If Building Inspection has issued a permit for work to be completed, please indicate Permit No. _____
Plans can be accessed with this information.

Contact Kelsey Stone at (608) 266-5927 or kstone@cityofmadison.com to schedule an inspection/installation appointment.

I hereby make application to the City of Madison for a Sewer Addition Meter and agree to comply with all applicable City regulations pertaining to its installation and operation. I further agree to have this sewer deduct meter inspected as needed by the City of Madison Engineering Department and/or Water Utility.

Property Owner Signature: _____ Date: _____

Plumber Signature: _____ Date: _____