



Application for Sewer Deduct 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 Deduct Meter Information

Property Description (check appropriate space)

Residential Commercial Industrial

Sewer Deduct Meter Use (check appropriate space)

Irrigation/Landscaping Product Production Other _____

Cooling Water (If checked, will there be blow down?* Yes No)

**If there is any blow down from the cooling tower, a Sewer Addition Meter Application will need to be submitted and approved also. Sewer Deduct Meter permit will not be issued until Sewer Addition Meter application is accepted.*

If Building Inspection has issued a permit for work to be completed, please indicate Permit No. _____

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 Deduct 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: _____