



Application for Restaurant Class Sewer Meter Permit

City of Madison Engineering Division

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

Application No. _____

PROPERTY / OWNER / PLUMBER INFORMATION

Property Address: _____
Street

City, State Zip

Owner: _____
Last, First

Owner Address: _____
Street

City, State Zip

Phone: _____ Email: _____

Plumbing Contractor: _____
Last, First

Address: _____
Street

City, State Zip

Phone: _____ Email: _____

Water Fixture Supply Units: _____

Estimated date piping will be completed: _____ Meter size requested: _____

RESTAURANT CLASS SEWER METER INFORMATION

USES TO BE MEASURED WITH THIS METER

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Grocery/Food Market | <input type="checkbox"/> Commercial Kitchen/Cafeteria |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial (non-food related) | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Mixed Use | <input type="checkbox"/> Other: _____ | |

*Restaurant Class Sewer Meter permit will **NOT** be issued unless a copy of the plumbing schematic is attached.*

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

Contact Cindy Hemenway, (608) 266-6429, chemenway@cityofmadison.com, to schedule an inspection/installation appointment.

**\$150.00 fee must be paid in full before application is processed.
Make checks payable to "City of Madison Engineering Division."**

I hereby make application to the City of Madison for a Restaurant Class Sewer Meter Permit and agree to comply with all applicable City regulations pertaining to its installation and operation. I further agree to have this restaurant class sewer meter inspected as needed by the City of Madison Engineering Division and/or Water Utility. Permit is valid for 90 days after issue.

PROPERTY OWNER SIGNATURE

DATE

PLUMBER SIGNATURE

DATE