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

Owner: _____
Last, First

Legal Address: _____
Street

_____
City, State Zip

Phone: _____ Email: _____

Plumbing Contractor: _____
Last, First

Address: _____
Street

_____
City, State Zip

Phone: _____ Email: _____

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

RESTAURANT CLASS SEWER METER INFORMATION

USES TO BE MEASURED WITH THIS METER

- ☐ Restaurant
- ☐ Residential
- ☐ Other: _____
- ☐ Grocery/Food Market
- ☐ Commercial (non-food related)
- ☐ Commercial Kitchen/Cafeteria
- ☐ Industrial

*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. Application is valid for 90 days after the estimated date piping will be completed provided on the application.

_____ _____
PROPERTY OWNER SIGNATURE DATE

_____ _____
PLUMBER SIGNATURE DATE