

Sewer Connection Application

City of Fairview

1300 NE Village St., Fairview, OR 97024

Permits Desk 503-674-6206

Inspection requests may be made by: Phone: 503 674-6244 Email: inspection@ci.fairview.or.us

Date Received:	Permit No.:
Date Issued:	Expire Date:
Issued By:	Receipt No.:

I HEREBY MAKE THE FOLLOWING APPLICATION TO CONNECT TO THE CITY OF FAIRVIEW SANTIARY SEWER SYSTEM	
Connection Address:	
Legal Description:	
Type of Building(s) on Property:	
Suite #:	Bldg./Apt#:
Project Name:	
Subdivision:	Lot #:
PROPERTY OWNER	
Name:	
Address:	
City/State/Zip:	
Phone:	
SEWER CONTRACTOR MAKING CONNECTION	
Name:	
Address:	
City/State/Zip:	
Phone:	
TYPE AND SIZE OF PIPE TO BE USED	

TYPE OF FIXTURES TO BE CONNECTED	#
<input type="checkbox"/> Toilets	
<input type="checkbox"/> Bathtubs	
<input type="checkbox"/> Showers	
<input type="checkbox"/> Basins	
<input type="checkbox"/> Sinks	
<input type="checkbox"/> Dishwasher	
<input type="checkbox"/> Disposal	
<input type="checkbox"/> Laundry Tray	
<input type="checkbox"/> Washer	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
SEWER CONNECTION FEES	
Application	\$
Connection	\$
Inspection	\$
SDC*	\$
Total Fee	\$
*SDC: Systems Development Charge	

Premises to be connected **was** **was not** previously assessed for the construction of a sanitary sewer into which applicant desires to connect. Applicant agrees to comply with all provisions of the ordinances of the City of Fairview and the rules and regulations of the City of Fairview for making sewer connections.

Applicant (Owner) Signature	Contractor Signature

A copy of Ordinance 3-1989 is available from the City Recorder's office for material specifics.