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# Island View Sanitary District

## 2022 APPLICATION FOR SERVICE/LATERAL INSPECTION PERMIT

### PROPERTY OWNER

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

### LICENSED CONTRACTOR

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

### PROPERTY ADDRESS FOR SEWER SERVICE

\_\_\_\_\_  
Tax Parcel Number \_\_\_\_\_

Wisconsin License Number \_\_\_\_\_  
**Reconnect/Lateral Capping** Permit Fee \$100.00 \_\_\_\_\_  
**New Connection** Permit Fee \$175.00 \_\_\_\_\_

\*I understand that I must give 48 hours' notice to the Island View Sanitary District Inspector, Jerry Fabisch, before actual work begins. Phone 920-410-3486.  
\*I understand that all work is subject to inspection and test per state of Wisconsin Administrative rule. The Island View Sanitary District requires the inspector to be present to certify the test results.  
\*I further understand that if more than one inspection is required, the Island View Sanitary District may charge additional inspector fees.

### THIS PERMIT IS ISSUED SUBJECT TO THE PROVISIONS OF THE "Sewer Use Ordinance"

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

\*\*\*Return this completed form by mail or email as listed above.

### FOR SANITARY DISTRICT USE ONLY

Lateral inspection:	Acceptable	Date	Inspector
Pipe Material	_____	_____	_____
Connection to Main	_____	_____	_____
Reconnection to lateral	_____	_____	_____
Leak Test Witness	_____	_____	_____

All requirements for the District have been met and authorization has been granted to proceed. \_\_\_\_\_