

Pikes Bay Sanitary District
P.O. Box 689
Bayfield, WI 54814

Application for Service

Application no. _____
Date Rec'd: _____
Action/date _____

Instructions: Fill this form out as completely as possible. Use ink. Submit completed application to Pikes Bay Sanitary District at the above address. There is no fee for consideration of service where it is available under normal circumstances, however, if extensive engineering or legal services are required they will be charged to the Applicant (after agreement with the Applicant) Prior to final connection by a qualified plumber there will be a \$5,000 hookup fee (\$10,000 for commercial users) assessed to the property owner of record.

Filing an application with the Pikes Bay Sanitary District does not obligate either the Pikes Bay Sanitary District or the applicant to establish service or connections for the location requested.

Applications will normally be considered at the first board meeting after receipt of the application

Name: _____

Mailing address:

Telephone no. _____ e-mail address _____

Location of service requested: (Please include tax parcel number.)

Structure and use: (i.e. new home, remodeling home into bed and breakfast, B&B, etc)

Is there an existing sanitary system? _____

If yes or what type? _____

Please provide a site plan of buildings to be served and any existing facilities and show approximate first floor and basement elevation. Indicate nearest roadway or access to the site. Orient site plan with North being up, and show lot lines and approximate distances. If more than one building is to be served include the entire area to be developed with proposed building locations and service routings. Show location of wells and water lines if applicable.