

Midway City Sanitary District

14451 Cedarwood Avenue
Westminster, CA 92683

www.mcsandst.com

Phone (714) 893-3553 or Fax (714) 891-8624

Sewer Connection Permit Application

MCSD FEES: _____


OCSD FEES: _____

TOTAL FEES _____

Applicant Please Complete

CONTRACTOR
ADDRESS
STATE LIC #

JOB LOCATION

	
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STREET NAME

ADDITIONAL INFORMATION

PIPE SIZE
JOB FOOTAGE
DEPTH AT LOW END
DEPTH AT HIGH END
DISTANCE FROM SEWER MAIN TO P/L
TYPE OF PIPE USED
TYPE OF JOINT USED
SOIL TYPE
GROUND WATER AT WHAT DEPTH

APPROVALS

INSPECTOR'S NAME	
HOUSE SEWER	
TRAILER SEWER	
SADDLE	
M.H. CONNECTION	
STWIMMING POOL CON.	
SEWER CAP	

LOT NO.	TRACT NO.	MCSD PERMIT NO.
ISSUED BY	EXCAVATION PERMIT #.	DATE ISSUED.

BUILDING ADDRESS	
NEAREST CROSS STREET	
OWNER	
CITY	PHONE NO.

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all District and County ordinances and State Laws regulating plumbing. I certify that I possess the above valid Orange County license, or I am the legal owner of the residential property described above.

Signature of Permittee _____

PERMIT FEES

TYPE OF CONNECTION	NUMBER	FEE
HOUSE SEWER		
EXTRA CONNECTION		
SEWER CAP		
SADDLE CONNECTION		
MANHOLE CONNECTION		
EXISTING WYE		
TYPE OF JOINT USED		
MOBILE HOME CONNECTION		
SWIMMING POOL		
TYPE OF BUILDING		
ADDING ROOMS		

REMARKS: