



Town of Shenandoah
426 First Street
Shenandoah VA 22849
(540) 652-8164

SEWER SERVICE APPLICATION

DATE: _____

FEE: \$9,000 (*Inside Town Limits*) \$12,000 (*Outside Town Limits*)

The applicant is the OWNER OTHER (check one)

OWNER'S Name: _____

Address: _____

Phone: _____

APPLICANT'S Name (IF different from OWNER): _____

Address: _____

Phone: _____

1. Address of property: _____

2. Tax Map #: _____

3. Sewer service is requested for: (check one)

- Residence Number of Units: _____
- Commercial* Type: _____
- Industrial* Type: _____
- Other* Description: _____

*Commercial, Industrial or Other applicants with wastes other than ordinary "sanitary wastes" must attach a description of the waste and plans for pretreatment, as described in the Town Code §74 Sewer Ordinance.

4. Size of Line requested: _____

5. Name of Contractor: _____

6. Date sewer connection is requested: _____

I (we) the undersigned do hereby certify that the above information is correct and true. I (we) further understand that if this application is approved, the Town Council may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met. I (we) further certify that I (we) have read and understand the Town Code §74 Sewer Ordinance and agree to abide by its provisions.

Signature of Owner(s): _____

Signature of Applicant(s): _____

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OFFICE USE ONLY:

Date Application was reviewed by Town Council: _____

APPROVED DENIED

Stipulations or Comments: _____

Town Manager: _____