

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: _____

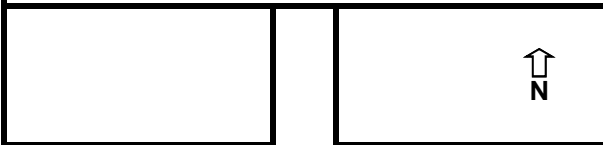
OCSD FEES: _____

TOTAL FEES _____

Applicant Please Complete

CONTRACTOR _____
ADDRESS _____
STATE LIC # _____

JOB LOCATION



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.
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ISSUED BY	EXCAVATION PERMIT #.	DATE ISSUED.
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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:

