

**Freedom Sanitary District No. 1**  
**N4229 Garvey Avenue ~ Freedom, WI 54130**  
**Phone: 920-788-5763**

**Water/Sewer Permit Application - \$950 Total Fees Due**

**Part 1 – Customer Billing / Lot Owner Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Part 2 – Project Site Information**

Tax Parcel Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Builder: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Part 3 – Type of Permit (Check all that apply)**

☐ **Water Service** (\$50.00 Permit Fee & \$100 Connection Fee)

☐ Single Family Residence

☐ Commercial or Other Type of Building. Describe: \_\_\_\_\_

Lateral Size: \_\_\_\_\_ Meter Size: \_\_\_\_\_

Special plumbing or activities that will be present on this site:

☐ Underground sprinkler system

☐ Water Treatment System (e.g. Water Softener)

☐ Solar Heating System

☐ Swimming Pool or Spa

☐ Water Powered Sump Pump

☐ Other: \_\_\_\_\_

☐ Home-based business. Description: \_\_\_\_\_

(E.g. beauty salon, machine shop, etc....)

☐ **Sewer Service** (\$50.00 Permit Fee & \$750.00 Connection Fee)

Lateral Size: \_\_\_\_\_

**\*\*\*FSD REQUIRES A BACKFLOW PREVENTER TO BE INSTALLED ON A SEWER LATERAL\*\*\***

**\*\*\*FREEDOM SANITARY DISTRICT WILL PROVIDE A CURB BOX COVER IF IN DRIVEWAY, WE WILL NEED TO BE NOTIFIED PRIOR TO CONCRETE BEING POURED\*\*\***

**Part 4 – Contractor Installing Water/Sewer** (Contractor must be bonded with the Sanitary District - \$5,000 Performance Bond)

Contractor Business Name: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Laterals will only be inspected between the hours of 7:00 a.m. and 3:00 p.m. Monday – Friday. If other arrangements need to be made, the District needs to be contacted at least 48 hours in advance to make those arrangements. Please call the office at (920) 788-5763.**

Application Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**For Office Use Only:**

Fee Received: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Permit Issued \_\_\_\_\_ Issued By: \_\_\_\_\_

Account Number Assigned: \_\_\_\_\_ Invoice# \_\_\_\_\_