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TRENTON MUNICIPAL UTILITIES

SANITARY SEWER CONNECTION PERMIT



Permit fee = \$ 110.00 per connection
*No charge if only working on service line and NOT
working at connection to the main*

Permit No: _____

Application Date: _____

For questions and scheduling contact TMU Wastewater Department at (660) 359-2838

OWNER			
Name:		Phone Number: ()	
Service Address:		Alternate Phone: ()	
Mailing Address, City, State, Zip:			
Replacement Tap:	New Tap:	Date Work to Start:	Time:
Replacement Service:	New Service:	Date Inspection Requested:	Time:
All taps MUST be reviewed by TMU and reviews shall be scheduled a MINIMUM of 2 days in advance. All reviews by TMU shall be conducted on normal business days between the hours of 8 am and 3 pm.			

CONTRACTOR	
Company Name:	Phone Number ()
Contact Person:	Alternate Phone Number ()
Mailing Address, City, State, Zip:	

COMMENTS:

REMINDERS:

Tracer wire MUST be installed anytime work is undertaken on the service line in the street Right-of-Way.
 All material and workmanship shall be in accordance with applicable City Codes and TMU policies.
 All work associated with excavation, installation, etc. shall be completed by the property owner and/or contractor.
 The connection shall be observed for compliance by TMU staff prior to being covered.
 Any work not reviewed shall be uncovered by contractor or owner for review.
 The contractor or property owner is responsible for the following items, including, but not limited to:
 Obtaining a Right-of-Way permit if necessary
 Having a City of Trenton business license if required
 Contacting Missouri One Call (811 or 1-800-344-7483) at least 3 business days prior to starting the work
 Replacement of service line will require confirmation that other sources (ie: foundation drains) are not connected.

OFFICE USE ONLY			Payment:		
			Cash	Check	Credit Card
Application received	Date:	By:			
Copy sent to:	Date	Sent By	Fax or email	ROW Permit	Business License
Wastewater Distribution					
Building Inspection / Code Enforcement					
Street Department					
TMU Review			Notes and/or Sketch:		
Date: _____			By: _____		
Size of Main: _____			Depth: _____		
Direction of tap looking downstream (ie: 2:00 or 10:00): _____					
Distance from manhole: _____			Upstream or Downstream		