

**STEVENS POINT URBAN AREA
PUBLIC SANITARY SEWER EXTENSION REQUEST**

TO: Stephen D. Brazzale, Director
Portage County Planning and Zoning Department
1462 Strongs Avenue, Stevens Point, WI 54481
Phone: 715-346-1334 / Fax: 715-346-1677

DATE: _____

Submitted for review pursuant to the requirements of the Stevens Point Urban Area Sewer Service Plan, are this request and a general location map of the proposed sewer extension(s) outlining the proposed service area of the extension and the location of the connection to the existing public sewer system.

1. Name of municipality: _____
2. Project name or identification: _____
3. Proposed service area (this project): Immediate: _____ acres Ultimate: _____ acres
4. Is the municipality under a DNR sewer extension moratorium? Yes _____ No _____
5. Does the sewage treatment plant have the capacity to handle the sewage contribution from this proposed service area? Yes _____ No _____
6. Name of developer: _____
Name

Address City State Zip Code

I certify that the above information is true and correct; that the requested sanitary sewer extension conforms to the Stevens Point Urban Area Sewer Service Plan; and that the municipal government, which I represent, approves the above sewer extension.

Signature of authorized municipal official

Name and Title

FOR DEPARTMENT USE ONLY

- _____ The above requested sanitary sewer extension conforms to the Stevens Point Urban Area Sewer Service Plan.
- _____ The above requested sanitary sewer extension does not conform to the Stevens Point Urban Area Sewer Service Plan.

Reason(s) for nonconformance/comments:

Stephen D. Brazzale, Director/Administrative Agent
Stevens Point Urban Area Sewer Service Advisory Committee

Date

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