



City of Proctor

Waiver Application

City Code Section 401.01.01 – Sewer Lateral/Sump Pump Ordinance

APPLICATION INFORMATION *(If different than owner)*

Name _____ Email _____

Address _____

Phone # _____

OWNER INFORMATION

Name _____ Email _____

Address _____

Phone # _____

PROPERTY INFORMATION *(If different than owner)*

Address or Location _____

Permanent Parcel # _____

Describe Waiver Request _____

*Attach site plan along with any other hardship characteristics

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.

Signature of Applicant and Owner (If different than applicant)

Date

DO NOT WRITE IN THIS BOX

Date Received _____ Application Accepted By _____

Submitted Materials _____ Site Plan _____ Application _____ Legal Description _____ Narrative Description _____

For Office Use Only

REMARKS

Street Department Review on: _____

City Engineer Review on: _____

CITY OF PROCTOR APPROVAL
Waiver to Sewer Lateral/Sump Pump Ordinance

APPROVED: _____

By: _____
City Administrator or Designee

Date _____