



FOR OFFICE USE	
Permit #	
Permit fee	
Receipt #	
Code	214,220,221

Water, Sanitary, Strom Lateral Permit Application

Property Owner Information		Applicant/Contractor Information	
Name:		Applicant:	
Address:		Company:	
City/State/Zip:		Address:	
Phone:		City/State/Zip:	
Email:		Phone:	
		Email:	
		Credential #:	
Project Information			
Water Lateral		Sanitary Lateral	
Size: Material:		Size: Material:	
Description of Project:			
Estimated Cost of Construction:			
Site plan drawing required		As-Built drawing Required	
Required Inspections			
Inspections of laterals are required before any work is backfilled. All sanitary laterals shall be installed with an approved backwater check valve. Storm laterals are for sump pump discharge only. Tracer wire, gravel and adequate pitch required by code.			
Permit Approval			
Upon signature this becomes a permit to conduct the above-described work. Permits expire two years after the issue date.			
Approval Conditions:			
Inspector Signature:		Date: Credential #:	
Applicant Statement			
I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of Wisconsin and ordinance of the Village of Little Chute. I further understand that the issuance of this permit creates no legal liability, expressed or implied, on the Village of Little Chute.			
Signature:		Date:	

Village of Little Chute
108 W Main St.
Little Chute, WI 54140

Inspections Department
Phone- 920-423-3871
Email- buildinginspector@littlechutewi.org

