



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

## Water, Sanitary, Storm 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			
Storm 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](mailto:buildinginspector@littlechutewi.org)

