

City of Branson

APPLICATION FOR SEWER & WATER CONNECTION/REPAIR PERMIT

Project Name		Project 911 Address:	
Owner	Phone	Brief Description of Work	
	Cell		
Mailing Address	Email		
City of Branson Licensed Contractor	Phone		
	Cell		
Mailing Address	Email	Estimated Value of Project	
Missouri Licensed Architect/Engineer	Phone	This Section For Official Use Only	
	Cell	System Connection Charge	
Mailing Address	Email	Inspection Fee	
<input type="checkbox"/> Residential Project <input type="checkbox"/> Commercial Project		Water Meter Size	
<p>PLEASE NOTE: A Sewer and/or Water Connection Application and Site Plan must be completed and submitted with the application.</p> <p style="text-align: center;">Original Signature of Applicant</p> <p>I hereby certify I am the owner or duly authorized owner's agent, I have read this application and all information is correct. I further certify I have read, understand, and will comply with all the provisions outlined hereon. I also certify the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property. PROVISIONS: The issuance of a permit shall not be construed to release the owner or owner's agents from the obligation to comply with the provisions of all laws and ordinances, including federal, state, and local jurisdictions, which regulate construction and performance of construction. A permit will become null and void if the construction work authorized has not begun within 180 days from the date of issuance or if work is suspended or abandoned for 180 days prior to the final inspection.</p>		Comments or Diagram	
		Application Reviewed and Approved By: _____ Date _____ Utilities: _____	
_____ Application Signature Date			
_____ Please print name			

Office Use Only
Permit Number
Date Applied
Fees
Project Type Category
Other Documents Submitted
<input type="checkbox"/> Sewer/Water Connection Application <input type="checkbox"/> Site Plan
Application closed because: <input type="checkbox"/> Expired on: _____ <input type="checkbox"/> Other, explain below.



DATE: _____

SEWER CONNECTION APPLICATION

Name: _____ Phone #: _____

Driver's License #: _____ Date of Birth: _____

Mailing Address: _____

Sewer Connection 911 Address: _____

Is the Sewer Connection Address Located Within the City Limits: _____ Yes _____ No

Property Owner's Name: _____ Phone #: _____
(If Different Than Above)

Property Owner's Mailing Address: _____
(If Different Than Above)

Is the Sewer Service at the Location for:
___ Primary Home ___ Vacation Home ___ Rental Residence ___ Business ___ Other/ Explain: _____

Name of Water Company that Serves this Property: _____

Size of Meter: _____

Contractor Name: _____ Phone #: _____

City of Branson Building Sewer Specifications and Requirements

1. Customer shall pay for all costs associated to connection of sewer service to city sewer main including all construction cost, permit fees, inspection fees and sewer system connection charges.
2. Connections must be completed in accordance with the International Plumbing/Residential Code and all city specifications and requirements listed in chapter 90 of the Municipal Code.
3. Contractor or owner shall deposit a bond of \$500 with the Finance Department and contractors shall have a valid Contractor's License through the City of Branson before a permit will be issued.
4. Call 1-800-dig-rite for locates on utilities prior to excavation.
5. Call the Utilities Department (417-243-2731) at least 24 hours prior for all inspections and testing.

I do hereby agree to comply with all of the above city specifications and requirements and to pay all charges for water and/or sewer service at the above address as long as said service remains in my name. I will notify the city of branson in the event I discontinue service in my name at the above address and will submit a new forwarding mailing address at that time.

Applicant Name (Print): _____ Applicant Signature: _____

Starting Date of Service: _____

(Office Use Only)



Utilities Plan Review – original
Water Distribution – 1 copy
Finance – 1 copy

WATER CONNECTION APPLICATION

Property Owner’s Name:_____

Property Owner’s Mailing Address:_____

Monthly Water Billing Address:_____

Property Owner’s Phone:_____ Date:_____

Installed Water Meter Billing Name, Address & Phone Number (If Different Than Above):

Meter Location & Address:_____

Size(S) & Intended Service of Meter(S) or Tap(S):

Domestic _____(Qty)_____ (Size) Irrigation _____(Qty)_____ (Size) Fire Tap _____(Qty)_____ (Size)

Ordinance #2013-0178 - Branson Municipal Code Section 90-26:

For Any Installation Of New Meter Service, The Applicant Shall Pay All City Costs For The Installation Including Meter, Parts, Materials, Labor And Equipment.

A Deposit Will Be Required Prior To Water Being Turned On!

Water Pressure Reducing Valve or Regulator: where water pressure within a building exceeds 80 psi static, an approved water pressure reducing valve conforming to ASSE 1003 with strainer shall be installed (by the property owner’s plumbing contractor) to reduce the pressure in the building water distribution piping to 80 psi static or less. Exceptions to this requirement are service lines to sill cocks and outside hydrants, and main supply risers where pressure for the mains is reduced to 80 psi or less at individual fixtures.

Date of installation may vary depending on availability of parts. Please allow for up to eight (8) weeks for installation.

I do hereby agree that the above billing address is the responsible party for payment of meter invoices. All payments are due and delinquent after 30 days of invoicing.

(Signature)