

PIKE'S BAY SANITARY DISTRICT  
APPLICATION FOR SERVICE

*Pike's Bay Sanitary District  
P.O. Box 689  
Bayfield, WI 54814*

*715-730-1026  
pbsd.rose@gmail.com  
www.pbsdwi.com*

***Form Objective:***

The purpose of this form is to initiate sewer service to a business or residence.

***Instructions:***

Fill out this form as completely as possible. Use blue or black ink. Submit completed form and supporting documentation to PBSB at the above address.

If, due to the particular circumstances of your property or proposed connection, consideration of your application will require extensive engineering, legal, or other analysis, you will be contacted to provide a deposit towards those expenses.

Applications will usually be considered at the first Board meeting after receipt of a complete application. If the application is granted you will be given a "Preliminary Connection Permit." When you are ready to make your actual connection, you will need to ask for an "Authorization to Proceed." At that time you will be required to submit information about your contractor, and to pay the connection fee, which is \$5,000 for a residence and usually \$10,000 for a business.

Filing an Application for Service does not require the applicant or PBSB to establish service or a connection at the location requested.

*Please refer to "Pike's Bay Standard Connection Specifications," available on the website or by contacting us by any of the means listed above, before completing this form.*

*If you have any questions, please contact us!*

***Application:***

Name:

Mailing address:

Telephone number:

email address:

Location of service requested (Please include Tax Parcel Identification Number):

Is there an existing sanitary system at this location?                      If yes, what type?

Please provide a site plan of buildings to be served by the proposed connection, oriented so that North is at the top of the page. Please show:

- Buildings to be served
- Approximate first floor and basement elevations
- Location and identification of any existing sanitary facilities
- Location of any wells and waterlines
- Nearest roadway or access to the site
- Lot lines and approximate distances
- If more than one building is to be served, show the entire area to be developed with proposed building locations and service routings

Please attach the plans and specifications for your sewer connection system. This would include a map or drawing of the proposed system, and a list of equipment and materials to be used.

Please note the following:

1. When you receive a Preliminary Connection Permit, it means PBSB has approved your plans. You must still request and receive an Authorization to Proceed before starting actual work.

2. You will need to notify PBSB when you plan to make the connection. No connection may be made to the PBSB line without PBSB supervision. You must not backfill the connection site until it is inspected.

IF YOU ANTICIPATE THAT ANYTHING OTHER THAN NORMAL HOUSEHOLD WASTE WILL BE INTRODUCED INTO THE SEWER SYSTEM, PLEASE CHECK THIS BOX, AND FILL OUT EXPLANATION BELOW.

PLEASE EXPLAIN: \_\_\_\_\_

I certify that all of the statements made in this application and any attachments provided with the application or to be provided later are complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date