



SANITATION SEWER INSPECTION PERMIT APPLICATION

Pursuant to provisions of Greenwood Municipal Code Chapter 9, as amended, the undersigned requests permission to reconnect to the public sewer.

DATE OF APPLICATION: MM/DD/YY

STREET ADDRESS:

CONTRACTOR INFORMATION

COMPANY NAME:

ADDRESS:

CITY, STATE, ZIP:

CONTACT:

PHONE:

EMAIL ADDRESS:

Please provide a scope of work:

EMAIL COMPLETED APPLICATION TO building@greenwood.in.gov

INFORMATION REGARDING FEE PAYMENT WILL BE EMAILED ONCE YOUR APPLICATION IS PROCESSED.