



SITE WORK APPLICATION

City of Valparaiso Engineering Department
166 Lincolnway, Valparaiso, IN 46383

Phone: (219) 462-1161 Fax: (219) 464-4273 Email: Engineering@valpo.us

PROJECT ADDRESS: _____ SUBDIVISION: _____ LOT #: _____

PROJECT DESCRIPTION: _____

OWNER Name: _____ Tel: _____ Fax: _____
Address: _____ City/State/Zip: _____ Email: _____

GENERAL CONTRACTOR: (must be registered in City)

Company Name: _____ Tel: _____ Fax: _____
Address: _____ City/State/Zip: _____ Email: _____

SANITARY SEWER WORK: (This permit does not include water service installations. Contact VCU at 462-6174 for more info.)

IF SUB-CONTRACTOR PERFORMING SEWER WORK: (must be registered in City)

Company Name: _____ Tel: _____ Fax: _____
Address: _____ City/State/Zip: _____ Email: _____

TYPE OF WORK: (Check all that apply) Repair: _____ New Constr.: _____ Grease Trap: _____
Clean Out: _____ Abandon: _____ Other: _____
Work is on: Service: _____ Manhole: _____ Sewer Main: _____

SITE USE:

Single Family: _____ Living Space: _____ s.f. Water Meter Size: _____
Duplex: _____ Living Space Unit 1: _____ s.f. Water Meter Size: _____
Living Space Unit 2: _____ s.f. Water Meter Size: _____ (leave blank if one meter for 2 units)
Multifamily: _____ Bldg. _____ No. Units: _____ Water Meter Size(s): Each Unit: _____ or Bldg. _____
Non Res.: _____ Bldg. _____ No. Units: _____ Water Meter Size(s): Each Unit: _____ or Bldg. _____

RIGHT-OF-WAY CUTS:

IF SUB-CONTRACTOR PERFORMING WORK: (must be registered in City)

Company Name: _____ Tel: _____ Fax: _____
Address: _____ City/State/Zip: _____ Email: _____

TYPE OF WORK: (Check all that apply) Sidewalk: _____ Driveway: _____ Water Svc.: _____ Sewer Svc.: _____
Landscaping: _____ Repair: _____ New Constr.: _____

SURFACE TO BE CUT: (Check all that apply) Driveway: _____ Curb: _____ Parkway: _____ Sidewalk: _____
Street Pav't.: _____ Type of Pav't.: _____

EROSION CONTROL:

TYPE OF USE: Subdivision/PUD _____ Commercial/Industrial _____ Multifamily _____ Single Family/Duplex _____
Site Work Only (Clearing, Grading, Excavation or Fill) _____ Other _____
DISTURBED AREA Disturbed Acreage _____ acre No. Lots _____

APPLICANT COMMITMENT:

I hereby affirm, under penalty for perjury, that I am the owner, or have been authorized by the owner, to execute this permit application with the City of Valparaiso. I agree to abide by all applicable ordinances and standards and am responsible to see that the work covered under this permit meets or exceeds the requirements of said ordinances and standards subject to penalty and fines.

Applicant Signature: _____ Printed name: _____ Date: _____
Company Name: _____ Tel: _____ Fax: _____
Address: _____ City/State/Zip: _____ Email: _____

THIS SECTION IS FOR OFFICE USE ONLY

Right-of-Way Dedication(s) Req'd.? Yes: _____ No: _____ Sanitary Sewer Permit Req'd.? Yes: _____ No: _____
Easement(s) Req'd.? Yes: _____ No: _____ Right-of-Way Cuts Permit Req'd.? Yes: _____ No: _____
Sidewalk Waiver Req'd.? Yes: _____ No: _____ Erosion Control Permit Req'd.? Yes: _____ No: _____
Annexation Waiver Req'd.? Yes: _____ No: _____ Rule 5 Permit Req'd.? Yes: _____ No: _____
Erosion Control Plan Approved by: _____ Date: _____
Drainage Plan Approved by: _____ Date: _____
Engineering Site Plan Approved by: _____ Date: _____