

Application Intake Engineering Division Review:

Application #: _____ Date Application Rec'd by City: ____/____/____ By: _____

Is water service available from the City? Yes No Is sewer service available from the City? Yes No

Is this property subject to a special assessment fee? Yes No Assessment Fee Amount: \$ _____

IEPA Operating Permit has been approved? Yes No N/A

Water deposit: \$ _____ Sewer deposit: \$ _____ Total deposit amount: \$ _____

Reviewed By: _____ Date: ____/____/____ - _____ AM / PM

Planning Services Review:

Permanent Parcel #: _____ Is the property address correct? Yes No

Is this Parcel within the Carbondale City Limits? Yes No or Zoning Limits? Yes No

If not is there an Annexation Agreement in effect? Yes No N/A Agreement #: _____

If no Annexation Agreement exists, is one required? Yes No N/A Agree. Date: _____

If required, has a zoning certificate been issued? Yes No N/A PC/SP #: _____

Approved The following approvals are still required: _____

Reviewed By: _____ Date: ____/____/____ - _____ AM / PM

Building and Neighborhood Services Review:

Is a plumbing or other permit required for the construction on this parcel? Yes No N/A

If so, has it been approved? Yes No N/A Permit # _____

Approved The following approvals are still required: _____

Reviewed By: _____ Date: ____/____/____ - _____ AM / PM

Deposit Intake & Finance Department Review:

Total deposit paid: \$ _____ Check #: _____ Cash Receipt #: _____

Deposit received by: _____ Date: ____/____/____

Does the Applicant have any outstanding debt payable to the City of Carbondale? Yes No

Explanation of Debt: _____

Installment Plan Details: N/A 1st Payment Date: _____ # of Pmt's: _____ @ \$ _____ Each

Reviewed By: _____ Date: ____/____/____ - _____ AM / PM

Public Works Department Approval:

Approved, taps can be scheduled for installation Estimated date taps can be made by: ____/____/____

Where will the tap(s) be made: _____

Not Approved, explanation: _____

Tap(s) will be made once the above and following conditions are met: _____

Approved By: _____ Date: ____/____/____ - _____ AM / PM

Distribution after Public Works Department Approval: Original to Engineering Admin Assistant; Copies to: Revenue Officer (with payment), Water Operations Manager (Water Plant), Building Inspector (BNS), Planning, and Applicant.

Tap Installation Information:

Date taps completed: ____/____/____ By: _____ (send to Engineering when complete)

Comments: _____