

CITY OF FRANKLIN
SEWER AVAILABILITY & LOCATION VERIFICATION

Date of Request: _____ Time of Request: _____

Name of Owner: _____ Phone Number: _____

Location (Exact location is required)

Number, Lot	Street/Road	Subdivision
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Type of Structure:

Single Family Dwelling Multiple Family Dwelling (specify # of units) _____

Commercial Building Other (Explain on an additional sheet)

Applicant is to Fill Out Top Portion Only!

Sewer Available

Sewer Available with Stipulations (See Comments Below)

Sewer Not Available (See Comments Below)

Signature of Superintendent/Designee

Date

Time

Comments:

Provide a sketch of sewer lines on lot. This is to prevent a building being built over any utility lines.