



City of
BRAIDWOOD

141 West Main Street, Braidwood, IL 60408 • PHONE (815) 458-2333 • FAX (815) 458-6074 • www.braidwood.us

Application for Water & Sewer Capacity Use Fee
1" or Larger Water Service Line

Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Location of New Tap-On: _____

Signature of Applicant: _____

Signature of Water Dept. Supt. _____

Approval Date: _____

FEES ARE DUE AT TIME OF APPLICATION

Sewer Permit Application

Request for inspection of connection to the sewer system in the city of Braidwood

Date: _____

Location: _____

Owner/Contractor: _____

Signature: _____

Plumbing Inspection & Approval Date: _____

Sewer Inspection & Approval Date: _____

NOTICE TO CONTRACTORS INSTALLING SANITARY SEWER SERVICES

The City of Braidwood will perform the sewer inspection as requested, only after advanced notification of at least 48 hours is made to City Hall during normal business hours.

All connections should be constructed in accordance with City Ordinances 77-19, 78-10 and 78-15

All labels on the sewer pipe **MUST** be visible.
The excavation site **MUST** remain open until the Final Inspection takes place.

City Hall Business Hours:
Monday through Friday 9:00AM to 5:00PM