



# City of Stevenson

Phone (509)427-5970  
FAX (509) 427-8202

7121 E Loop Road, PO Box 371  
Stevenson, Washington 98648

## APPLICATION TO CONNECT TO CITY SEWER

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Tax Lot #: \_\_\_\_\_

Location of proposed connection: \_\_\_\_\_

Construction scheduled to begin (date): \_\_\_\_\_

Connection to serve: \_\_\_ residential \_\_\_ commercial \_\_\_ industry \_\_\_ other- \_\_\_\_\_  
(non-residential connections are required to fill out an Industrial User Survey)

I, \_\_\_\_\_ will comply with the requirements for connecting to The City of Stevenson Sewer System regulated by Municipal Code 13.08 Sewer Service Regulations. I also understand that additional requirements may be imposed when deemed necessary by the City.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent for The City of Stevenson

Comments/Public Works Director \_\_\_\_\_

Connection Fee Paid: \$ \_\_\_\_\_ TR# \_\_\_\_\_ Date: \_\_\_\_\_

email: [info@ci.stevenson.wa.us](mailto:info@ci.stevenson.wa.us)

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