



Town of Steilacoom Public Works - Sanitary Sewer Capping Permit

Utility Account: _____ **Permit Number:** _____

Site Address: _____

Owner's Name: _____ **Address:** _____

Owner's Phone: _____

Owner's Email: _____

Applicant's Name: _____ **Address:** _____

Applicant's Phone: _____

Contractor's Name: _____ **Address:** _____

Contractor's Phone: _____

Contractor's Cellular: _____

Contractor License #: _____ **Town Business License #:** _____

[] **Owner** [] **Applicant:** _____ **Date:** _____
Owner/Applicant Signature

Capped sewer line inspected by: _____ **Title:** _____

***Inspection Date:** _____

**Capped sewer requires inspection by the Town of Steilacoom to verify compliance.
Sewer Inspection Fee: \$80.00 per SMC 13.32.030*