CITY OF SHERIDAN – FORM 101-1
APPLICATION FOR PERMIT TO CONSTRUCT

1. Name of Project _____________________________________________________________

2. Location of Project _______1/4, _______1/4, Sec _____, T _____, N _____, R _____W
   General Physical Address: ___________________________________________________

3. Does this project include:
   
   A. Public water supply well? ____Yes ____No
      If yes, list State Engineer permit number(s) ________________________________

   B. Potable water supply pumping station? ____Yes ____No
      If yes, what is the design flow? __________________________ gpm

   C. Potable water storage facility? ____Yes ____No
      If yes, what is the size? __________________________ Gallons

   D. Potable water mains? ____Yes ____No (____New ____Replacement)
      If yes, what is the additional peak day demand? ____________ Gallons per day

   E. Sanitary sewage pumping station and force main?
      ____Yes ____No (____New ____Replacement)
      If yes, what is the design flow? __________________________ gpm
      What are the total lineal feet of force main? ____________ L.F.

   F. Sanitary sewage collection lines? ____Yes ____No (____New ____Replacement)
      If yes, what is the additional average daily volume of wastes? Gallons per day (WDEQ Criteria)
      What are the total lineal feet? ____________ L.F.

   G. Storm sewer lines? ____Yes ____No (____New ____Replacement)
      If yes, what is the total lineal feet? ____________ L.F.

   H. Public Streets? ____Yes ____No (____New ____Replacement)
      If yes, how many lineal feet of:

      Arterial Streets ____________ Total Lanes ____________
      Collector Streets ____________ Total Lanes ____________
      Local Through Streets ____________ Total Lanes ____________
      Local Streets ____________ Total Lanes ____________
I. Earthwork/Overlot Grading ____Yes ____No
   If yes, how many cubic yards of cut? _________
   how many cubic yards of fill? _____________
   Maximum cut _________ feet; maximum fill _________ feet.
   Total area disturbed ________________ AC
   NPDES Permit ____Yes ____No
   If yes, provide a copy of the Notice of Intent (NOI) and Erosion and Sediment Control Plan.

J. Drainage Report Completed? ____Yes ____No
   Title of Report: ____________________________________________
   Prepared By: _______________________________________________

K. Water System Design Report Completed? ____Yes ____No
   Title of Report: ____________________________________________
   Prepared By: _______________________________________________

L. Sewer System Design Report Completed? ____Yes ____No
   Title of Report: ____________________________________________
   Prepared By: _______________________________________________

M. Traffic Impact Analysis Report Completed? ____Yes ____No
   Title of Report: ____________________________________________
   Prepared By: _______________________________________________

N. Geotechnical Report Completed ____Yes ____No
   Title of Report: ____________________________________________
   Prepared By: _______________________________________________

I certify that the above described facility has been submitted in accordance with local and state rules and regulations. I have authorized the following engineering and testing firm to act upon my behalf during the design and construction phases of the project. They are authorized on my behalf to receive and release correspondence regarding this project to the City of Sheridan.

Name of Owner of the Project
_______________________________________________
Mailing Address
_______________________________________________
City __________________ State ___________ Zip ___________
Business Phone ___________________ Home Phone _______________

Print Owner Name

_______________________________________________
Signature of Owner ____________________________ Date ___________
Name of Engineering Firm
Mailing Address
City State Zip
Business Phone
Name of Professional Engineer Engineer’s P.E. Number

Name of Qualify Control and Testing Firm
Mailing Address
City State Zip
Business Phone
*If the Engineering Firm is responsible for quality control and testing on the project, write “same” on this line.

Utility Operator of the Project
Mailing Address
City State Zip
Business Phone Home Phone
*If the Engineering Firm is responsible for quality control and testing on the project, write “same” on this line.

_______________________________________________
Utility Operator Name

_______________________________________________
Signature of Operator Date