



CITY OF LOCKPORT

Sump Pump Connection Permit

Applicant Name: _____ Phone #: _____

Construction/Event Address: _____

Property Owner Name: _____

Please explain the nature of the project: _____

Contractor: _____ Registration #: _____

List any additional Contractors: _____

***Please attach a copy of a City of Lockport Certificate of Registration for each.**

Estimated Construction Value: \$ _____ Historic District: _____ Yes _____ No

I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the City Council of Lockport.

Signature: _____ Date: _____

Please call 815-838-0549 option 8 for inspection 24 hours in advance.

_____ **For Office Use Only** _____

Permit # _____ Permit Fee: _____ \$30.00 _____

Public Works/Engineering Dept Approval: _____ Date: _____

Comments: _____
