

1100 Main Street  
 Trenton, MO 64683  
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## TRENTON MUNICIPAL UTILITIES SANITARY SEWER CONNECTION PERMIT



Permit fee = \$ 100.00 per connection  
*No charge if only working on service line and NOT  
 working at connection to the main*

Permit No: \_\_\_\_\_

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

**For questions and scheduling contact TMU Wastewater Department at (660) 359-2838**

OWNER			
Name:			Phone Number: (    )
Service Address:			Alternate Phone: (    )
Mailing Address, City, State, Zip:			
Replacement Tap:	New Tap:	Date Work to Start:	Time:
Replacement Service:	New Service:	Date Inspection Requested:	Time:
<b>All taps MUST be reviewed by TMU and reviews shall be scheduled a MINIMUM of 2 days in advance.</b> All reviews by TMU shall be conducted on normal business days between the hours of 8 am and 3 pm.			

CONTRACTOR	
Company Name:	Phone Number (    )
Contact Person:	Alternate Phone Number (    )
Mailing Address, City, State, Zip:	

COMMENTS:

**REMINDERS:**

**Tracer wire MUST be installed anytime work is undertaken on the service line in the street Right-of-Way.**  
 All material and workmanship shall be in accordance with applicable City Codes and TMU policies.  
 All work associated with excavation, installation, etc. shall be completed by the property owner and/or contractor.  
 The connection shall be observed for compliance by TMU staff prior to being covered.  
 Any work not reviewed shall be uncovered by contractor or owner for review.  
 The contractor or property owner is responsible for the following items, including, but not limited to:  
     Obtaining a Right-of-Way permit if necessary  
     Having a City of Trenton business license if required  
     Contacting Missouri One Call (811 or 1-800-344-7483) at least 3 business days prior to starting the work  
 Replacement of service line will require confirmation that other sources (ie: foundation drains) are not connected.

OFFICE USE ONLY		Payment:			
	Date:	By:	Cash	Check	Credit Card
Application received					
Copy sent to:	Date	Sent By	Fax or email	ROW Permit	Business License
Wastewater Distribution					
Building Inspection / Code Enforcement					
Street Department					

TMU Review      Date: \_\_\_\_\_      By: \_\_\_\_\_      Notes and/or Sketch:

Size of Main: \_\_\_\_\_      Depth: \_\_\_\_\_  
 Direction of tap looking downstream (ie: 2:00 or 10:00): \_\_\_\_\_  
 Distance from \_\_\_\_\_ manhole: \_\_\_\_\_

Upstream or Downstream