

**FARGO INTERCHANGE SERVICE DISTRICT**

COMMERCIAL SEWER PERMIT No.

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Name

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Street address

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Mailing address (if different)

Telephone \_\_\_\_\_

Nature of business: \_\_\_\_\_

Approximate square footage of facility: \_\_\_\_\_

Number of owners or employees who will work there:

full time \_\_\_\_\_ part time \_\_\_\_\_

New Service Lateral Required?  yes  no  
(if yes, applicant is responsible for costs of installation to district specifications. Specifications will be attached to the permit.)

Desired date to start construction \_\_\_\_\_

Applicants Statement:

I hear by make application to the Fargo Interchange Service District (FISD) for sanitary sewer service for a commercial facility. I understand that this permit allows me to discharge only sanitary sewage into the system. I understand that I am not to discharge any industrial wastes, wash waters, or other wastes prohibited by the FISD Use and Regulation Ordinance.

I hear by warrant that the above information is true to the best of my knowledge and belief. I agree that I will bear all costs associated with installation of any service lines and will pay the monthly service charge from date of permit approval. I understand that service lines shall be installed to service district standards according to the approved site plan (provide a site plan for approval). I understand this permit does not grant permission to construct anything in the public right-of-way. A separate Marion County permit is required to perform work in a public right-of-way.

I understand that the FISD will accept the service line improvements from the cleanout to the main inside the public right of way and maintain them as a

part of the District not less than one year after the completion of the improvements to the satisfaction of the District Engineer. I understand that I will be responsible for all corrective maintenance work needed for defects that appear during the one year period.

The Applicant shall indemnify and save harmless the Fisd, its governing body, its officers and employees from all suits and actions; or claims of any character brought because of any injury or damages received or sustained by any person, or property on account of the operations of the said Applicant, his Subcontractors or the employees of either; or on account of or in consequences of any neglect in safeguarding the work; or because of any act or omission, neglect or misconduct of the said Applicant.

The Applicant accepts and approves the terms and provisions contained and attached hereto, including the special provisions. Permits for construction expire one (1) year from date of issue.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**For district use only**

\*\*\*\*\*PERMIT REQUIREMENTS\*\*\*\*\*

INSURANCE CERTIFICATION ON FILE [ ] SUBMITTED HEREWITH [ ]

ATTACHED STANDARD DRAWINGS:

SPECIAL PROVISIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENERAL PROVISIONS:

1. **CALL DISTRICT INSPECTOR AT 588-5304 24 HOURS PRIOR TO START OF WORK AND 24 HOURS PRIOR TO COVERING WORK.**
2. A copy of an approved permit must be on the job at all times that work is being performed.
3. Permit fee required for this application: \$0.00

Min. Size of line required \_\_\_\_\_

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

Title: \_\_\_\_\_ Expiration Date: \_\_\_\_\_