



**North Shore Sanitary District**

P.O. BOX 750, WM. KOEPEL DRIVE  
GURNEE, ILLINOIS 60031  
Telephone: (847) 623-6060  
Fax: (847) 623-2461  
www.northshoresanitary.org

<b>NSSD USE ONLY</b>	
PERMIT NO.	_____
PIN	_____
TOWNSHIP	_____

**PERMIT APPLICATION FOR A NON-RESIDENTIAL SEWER CONNECTION**

**NAME OF APPLICANT (OWNER)** \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**ADDRESS OF CONNECTION** \_\_\_\_\_  
\_\_\_\_\_

**NAME OF SEWER CONTRACTOR** \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**BRIEF PROJECT DESCRIPTION** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** ALL NON-RESIDENTIAL APPLICATIONS SHALL BE SUBMITTED WITH TWO COPIES OF THE PLOT PLAN TO SCALE, ONE SET OF THE FLOOR & PLUMBING PLANS, AND THE ANSWERS TO ALL QUESTIONS ON PAGES 3-6, TOGETHER WITH ALL SUPPORTING DATA AS REQUIRED.

THE \_\_\_\_\_ OF \_\_\_\_\_  
(CITY, VILLAGE, OR SANITARY DISTRICT)

MUST ALSO ISSUE A SEWER PERMIT FOR THE IMPROVEMENTS AS DETAILED IN THIS APPLICATION. ALL FEES AND REQUIREMENTS OF THE CITY, VILLAGE, OR SANITARY DISTRICT MUST ALSO BE MET.

THE UNDERSIGNED HEREBY AGREES TO THE TERMS AND CONDITIONS LISTED ON PAGE 2 OF 6.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT      DATE \_\_\_\_\_

\_\_\_\_\_  
NAME OF SIGNER (PLEASE PRINT)

## NON-RESIDENTIAL SEWER CONNECTION

For the purpose of procuring said permit the below signed does hereby represent, covenant and agree to and with the North Shore Sanitary District as stated below:

- A. ***In accordance with Section 4.03 a) of the District's Ordinance Relating to Sewers and Sewer Systems, if an Illinois Environmental Protection Agency permit has been issued in conjunction with this permit, then the permit shall expire on the expiration date of the Illinois Environmental Protection Agency Permit. All fees and charges assessed under the conditions of the District permit are forfeited by the Applicant/Owner upon expiration of the permit.***
- B. That all work done pursuant to the permit herein applied for shall be strictly in conformity with, "An Ordinance Relating to Sewers and Sewer Systems" (a copy of which is available upon request, or may be downloaded at [www.northshoresanitary.org](http://www.northshoresanitary.org)) regulating the design, construction, operation, maintenance and use of the proposed or existing sewer or sewer system, and with the description of the work herein contained, and with the plans and specifications for said work hereunto attached.
- C. That Applicant shall restore all sewers, appurtenances, pavement and/or other structures or surfaces disturbed by the work of making connection to the sewerage works of the District, to as good condition as the same existed at the time of commencement of said work and in accordance with the regulations and easements of the District.
- D. That Applicant shall indemnify and save harmless the District from any and all loss, cost, damage and expense which may come to the District by reason of or in any manner growing out of or connected with said work, or the resulting connection to and subsequent use of any facilities, provided, however, that the liability, if any, of the applicant to the District shall not be limited to the specific liabilities mentioned, but the Applicant shall in any event be liable to the District for any and all loss, cost, damage and/or expense of every kind and character arising from, growing out of and/or connected with such work or the resulting connections to and subsequent use of any facilities.
- E. That in case of any suit, action or proceeding against the District for damages or on account of any liability or claim arising from, growing out of or in any way connected with said work, Applicant shall, on demand of the District, enter his or its appearance therein, defend the same and pay all the costs, attorneys' fees, solicitors' fees and expense thereof and the amount of any and all final judgments, decrees and/or awards against the District entered or made therein.
- F. The Applicant or his sewer contractor agrees to notify the District at least twenty-four hours prior to the commencement of the work to be done. Failure to do so will result in the assessment of the No Notification Fee.
- G. The Applicant hereby releases the District from any and all claims, causes of action and the like which might or may arise by virtue of this Application, any permit connection hereunder, any connection made as a result of said permit and any use of any facility or equipment of the District as a result of the foregoing, including but not limited to any act of the District or any failure of the District to act.

If additional space is required to answer the following questions please answer on additional sheet(s) of paper.

1. Area (Square Feet) \_\_\_\_\_

2. Number of Floors \_\_\_\_\_

3. Number of Plumbing Fixtures

- A. Water Closets \_\_\_\_\_
- B. Urinals \_\_\_\_\_
- C. Lavatories \_\_\_\_\_
- D. Sinks \_\_\_\_\_

- E. Baths \_\_\_\_\_
- F. Showers \_\_\_\_\_
- G. Other \_\_\_\_\_

4. Is your water supplied by your own well? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, what Municipality supplies your water? \_\_\_\_\_

5. Please check all of the appropriate functions of your organization:

- |                            |                             |                     |
|----------------------------|-----------------------------|---------------------|
| _____ office space         | _____ printing/engraving    | _____ warehouse     |
| _____ retail store         | _____ medical office        | _____ packaging     |
| _____ restaurant/cafeteria | _____ research facility/lab | _____ assembling    |
| _____ auto/truck repair    | _____ computer center       | _____ fabricating   |
| _____ laundry              | _____ wholesale/distributor | _____ manufacturing |
| _____ car wash             | _____ photo developing      | _____ religious     |
|                            |                             | _____ other _____   |

6. Brief narrative description of manufacturing or service activity at premise to be connected

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7. Standard Industrial Classification Code (if known) \_\_\_\_\_

8. Anticipated Hours of Operation

Shift	Will Shift Exist?	Time	Days per Week	Number of Employees per Shift Office
1st	Yes _____ No _____	_____	_____	_____
2nd	Yes _____ No _____	_____	_____	_____
3rd	Yes _____ No _____	_____	_____	_____
TOTAL				_____

9. Principal raw materials used in production \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. List the anticipated water consumption within the plant:

Type	Estimated Average Volume (gallons/day)	Maximum Volume (gallons/minute)
A. Sanitary/Domestic	_____	_____
B. Food Service	_____	_____
C. Cooling Water (direct contact)	_____	_____
D. Cooling Water (non-contact)	_____	_____
E. Boiler Feed	_____	_____
F. Air Conditioning	_____	_____
G. Process Water	_____	_____
H. Air Pollution Equipment	_____	_____
I. Landscape Watering	_____	_____
J. Other _____	_____	_____
TOTAL	_____	_____

11. List the anticipated volume of discharge or water losses to:

	Estimated Average Discharge (gallons/day)
A. Municipal sewers	_____
B. Natural water bodies	_____
C. Waste haulers	_____
D. Evaporation	_____
E. Contained in product	_____
TOTAL	_____

12. Will the wastes discharged be: Intermittent\_\_\_\_\_ Continuous\_\_\_\_\_
13. Will the waste strength discharged be consistent? Yes\_\_\_\_\_ No\_\_\_\_\_
14. Will the wastes be pretreated before discharge? Yes\_\_\_\_\_ No\_\_\_\_\_
- If Yes, describe \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

15. Will your waste contain:
- |                                     | Yes   | No    |
|-------------------------------------|-------|-------|
| strong acids (pH lower than 5.0)    | _____ | _____ |
| strong bases (pH in excess of 10.5) | _____ | _____ |
| iron pickling wastes                | _____ | _____ |
| plating solutions                   | _____ | _____ |
| radioactive waste or isotopes       | _____ | _____ |
| mercury                             | _____ | _____ |
| cyanide                             | _____ | _____ |
| fats, oils and/or grease            | _____ | _____ |
| phenolics                           | _____ | _____ |
| solvents                            | _____ | _____ |
| hazardous wastes                    | _____ | _____ |

Please attach a sheet outlining the use of any of the above materials.

16. Describe any water recycling or material reclaiming process utilized.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

17. Will your facility have a hazardous waste disposal number from the Federal Government?  
 Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, for what? \_\_\_\_\_

PLEASE DO NOT WRITE ON THIS PAGE--NSSD USE ONLY

IS THIS PROJECT WITHIN THE PRESENT BOUNDARIES OF THE NSSD? YES\_\_\_\_ NO\_\_\_\_

IF THE PROJECT IS WITHIN THE PRESENT BOUNDARIES:

NSSD ANNEX. NO. \_\_\_\_\_

IF THE PROJECT IS NOT WITHIN THE PRESENT BOUNDARIES, IS THE PROPERTY COVERED BY:

A. PRE-ANNEXATION AGREEMENT? YES\_\_\_\_ NO\_\_\_\_ PROP ANNEX. NO. \_\_\_\_\_

B. SEWER SERVICE AGREEMENT? YES\_\_\_\_ NO\_\_\_\_ NSSD SSA NO. \_\_\_\_\_

TRIBUTARY TO: GURNEE STP\_\_\_\_ WAUKEGAN STP\_\_\_\_ CLAVEY ROAD STP\_\_\_\_

EXISTING POPULATION EQUIVALENT FOR PROPERTY (TOTAL OF PREVIOUSLY ISSUED PERMITS & DISCHARGE ALLOWANCES) \_\_\_\_\_

ADDITIONAL POPULATION EQUIVALENT (APPLIED FOR ON THIS CONNECTION PERMIT APPLICATION) \_\_\_\_\_

NEW POPULATION EQUIVALENT FOR PROPERTY (VALID UPON ISSUANCE OF THIS CONNECTION PERMIT) \_\_\_\_\_

IS A SAMPLING MANHOLE REQUIRED? YES\_\_\_\_ NO\_\_\_\_

IS AN IEPA PERMIT REQUIRED? (1) YES\_\_\_\_ NO\_\_\_\_ IEPA NO. \_\_\_\_\_

IS A BOND REQUIRED? YES\_\_\_\_ NO\_\_\_\_

NAME OF LOCALITY \_\_\_\_\_ CONNECTION FEE (1) \$ \_\_\_\_\_

ANNEXATION FEE (1) \$ \_\_\_\_\_

TOTAL FEE (1) \$ \_\_\_\_\_

PAYMENT OF \_\_\_\_\_ ( \_\_\_\_\_ )  
WRITTEN NUMBERS

TO THE NORTH SHORE SANITARY DISTRICT IS ACKNOWLEDGED AND RECEIPTED FOR.

BY \_\_\_\_\_ DATE \_\_\_\_\_

CHECK NO. \_\_\_\_\_

APPLICATION REVIEWED AND APPROVED FOR PERMIT ISSUANCE.

BY \_\_\_\_\_ DATE \_\_\_\_\_  
COMPLIANCE DEPARTMENT

APPLICATION APPROVED AND PERMIT ISSUED.

BY \_\_\_\_\_ DATE \_\_\_\_\_  
ENGINEERING SERVICES DEPARTMENT

(1) REFER TO CONDITION A LISTED ON PAGE 2 OF 6 REGARDING EXPIRATION DATE OF PERMIT AND FORFEITURE OF ALL FEES AND CHARGES ASSESSED UNDER THE CONDITIONS OF THE PERMIT.