

CITY OF FRANKLIN
SEWER AVAILABILITY & LOCATION VERIFICATION

Date of Request: _____ Time of Request: _____

Name of Owner: _____ Daytime Phone No. _____

Location (Exact location is required)

Number, Lot	Street/Road	Subdivision
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Type of Structure:

Single Family Dwelling Multiple Family Dwelling (Specify number of units) _____

Commercial Building Other (Explain on additional sheet)

Applicant Must Fill Out Top Portion Only!

-
- Sewer Available
 - Sewer Available with Stipulations (See Comments)
 - Sewer Not Available (See Comments)

Signature of Wastewater Superintendent/Designee

Date: _____ Time: _____

Comments: _____

(Attach additional sheets if necessary)

Provide a sketch of Sewer lines on lot. This is to prevent a building being built over the utility lines.

Note: There is a two day turn around policy for utility request. The City will provide the most accurate information to you as quickly as possible.

CITY OF FRANKLIN
WATER AVAILABILITY & LOCATION VERIFICATION

Date of Request:

Time of Request:

Name of Owner:

Phone Number:

Location (Exact location is required)

Number, Lot

Street/Road

Subdivision

Type of Structure:

Single Family Dwelling Multiple Family Dwelling (specify # of units) _____

Commercial Building Other (Explain on an additional sheet)

Applicant is to Fill Out Top Portion Only!

Water Available Water PSI _____

Water Available with Stipulations (See Comments Below)

Water Not Available (See Comments Below)

Refer to Simpson County Water District

Signature of Superintendent/Designee

Date

Time

Comments:

Provide a sketch of water lines on lot. This is to prevent a building being built over any utility lines.

NOTE: There is a two day turn around policy for utility request. The City will provide the most accurate information to you as quickly as possible. Revised 02/2016

FRANKLIN-SIMPSON PLANNING & ZONING

UTILITY AVAILABILITY FORM

DATE _____

APPLICANT FOR BUILDING PERMIT _____

NAME OF OWNER _____

LOCATION _____
Number Street/Road Subdivision

TYPE OF PERMIT _____

Authorized signature, with date, to be signed as indicated below for availability of necessary utility for issuance of a building permit. If utility is not available, please specify reason.

Electric Plant Board _____ Date _____
(270 586 4441) Authorized Signature

Telephone Service _____ Date _____
Samir Berkani (270 421 5861) Authorized Signature

Warren Rural Electric _____ Date _____
(270 586 3443) Authorized Signature

Simpson County Water _____ Date _____
District (270 598 9926) Authorized Signature

Simpson County Health Department _____ Date _____
Department (septic system only) Authorized Signature
Jama Jepson (270 586 8261)

County Road Connection Permit _____ Date _____
(County Road (270 586 7184) Signature of County Official

State Road Connection Permit _____ Date _____
(State Road Dept. (270 586 8115) Signature of State Official