



Midway City Sanitary District
14451 Cedarwood Street, Westminster, CA 92683
www.midwaycitysanitaryca.gov
714-893-3553

Sewer Connection Permit Application

MCSD Application Fee: \$400.00 (Due Prior to Review)

For Staff Use Only

APN: _____

MCSD Permit No.: _____

MCSD Application Fee: _____ **\$400.00**

MCSD Plan Review Fee: _____

MCSD Capacity Fee: _____

MCSD FOG Discharge Fee: _____

OCSD Fee: _____

Total Combined Fees: _____

REMAINING BALANCE DUE: _____

Payment Method:

Cash Check Card

DATE: _____

#: _____

Plans Received:

Digital Physical

FULL MAIN PROPERTY ADDRESS (Street # and Name, City, State, Zip Code):

Check one that applies:

Owner Contractor Other: _____

NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

Contractor's State License # and Class (if applicable): _____

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all District and County ordinances, as well as all applicable State laws regulating plumbing. I certify that I possess the above valid Contractor's State License, or I am the legal owner or authorized representative acting on behalf of the legal owner of the address described above.

Signature of Permittee

Signature Date

Date Application Received