



**DEVELOPMENT SERVICES**  
**PO Box 250**  
**Apex, NC 27502**  
**Phone: (919) 372-7467**

**GRAVITY SANITARY SEWER EXTENSION  
 PERMIT APPLICATION**

**Permit Number WWS** \_\_\_\_\_ - \_\_\_\_\_  
 (Provided by Town)

This form may be photocopied for use as an original and may only be used for gravity sewer extensions or modifications. All required items shall be completed. Failure to submit a completed application and required fee will delay approval of request.

**I. APPLICATION SUBMITTAL CHECKLIST**

Will the proposed sanitary sewer extension be owned, operated, and maintained by the Town of Apex upon completion?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, why?		
Is the required application fee of \$480.00, <u>original</u> , and <u>two (2) copies</u> of the application enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, why?		
Are the required easements and/or right-of-ways being supplied to the Town of Apex for maintenance and operation in accordance with Town of Apex Standard Specifications and Construction Details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, why?		
Have you included a description of the downstream sewer route and calculations regarding sewer capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, why?		
Do all downstream sewers along the route from your project (including downstream pumping stations) to the receiving wastewater treatment facility have adequate sewer capacity? Please note that determining downstream sewer capacity may require some projects to provide the Town with a pumping station capacity evaluation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, why?		

\*Please note, the Town of Apex does not generally approve private sanitary sewer extensions that discharge into the Town's system. Special cases shall be approved by the Water Resources Director.



Do downstream sewers have adequate capacity (see checklist item in Section I)?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If no, please explain how capacity will be provided:		
Indicate any parameters (and their concentrations) which will be greater than normal domestic levels:		
If wastewater is not domestic in nature, what level of pretreatment has been provided to ensure protection of the receiving wastewater treatment facility?		
Has a pretreatment permit been issued or requested from the Town of Apex?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

For questions regarding non-domestic wastewater, please contact the Town of Apex at (919) 249-3427.

Summary of gravity sewer to be permitted by diameter, material and length:		
DIAMETER	MATERIAL	LENGTH (linear feet)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Explain the basis for pipe size selection. Include approximate basin acreage if for outfall lines.		
Are there any portions of the proposed gravity sewer line construction that do not comply with 15A NCAC 02T, Town of Apex Standard Specifications and Construction Details, or the Division of Water Quality's Gravity Sewer Minimum Design Criteria adopted February 12, 1996?		
		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If yes, please explain:		

**IV. CERTIFICATIONS**

Engineering firm responsible for design:

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Professional Engineer's Certification:

I, \_\_\_\_\_, attest that this application for (project name)

\_\_\_\_\_ has been reviewed by me and is accurate and complete. I further attest the proposed design has been prepared in accordance with the Division of Water Quality's Gravity Sewer Minimum Design Criteria adopted February 12, 1996, the Town of Apex Standard Specifications and Construction Details, and the rules and regulations set forth in 15A NCAC 02T. Although certain portions of this submittal package may have been developed by other professionals, inclusion of these materials under my signature and seal signifies that I have reviewed this material and have judged it to be consistent with the proposed design

**SEAL**

Signature: \_\_\_\_\_

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

Certification of Party Responsible for Construction:

I, \_\_\_\_\_ attest that this application for (project name)

\_\_\_\_\_ has been reviewed by me and is accurate and complete to the best of my knowledge. I understand that a permit may be issued based on this application, and I will be responsible for compliance with the terms and conditions of this permit. By signing this application form, I on behalf of myself and the partnership corporation, limited liability company, or other business entity agree that service of any document or notice provided for by the Town of Apex Water and Sewer Line Extension Ordinance may be had at the address provided in Paragraph II-5 hereof.

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

**TOWN OF APEX, NORTH CAROLINA  
SANITARY SEWER EXTENSION PROJECT  
ENGINEER'S CERTIFICATION OF COMPLETION**

Project Name: \_\_\_\_\_

Sanitary Sewer Extension Permit Number: \_\_\_\_\_

I, \_\_\_\_\_, as a duly registered Professional Engineer in the State of North Carolina, having been authorized to periodically observe the construction of the sanitary sewer main and appurtenances for (*project name*) \_\_\_\_\_ described within the Town of Apex Permit Number \_\_\_\_\_ for the Permittee hereby state that to the best of my abilities, due care and diligence was used in the observation of the construction, that I have reviewed the results of any testing required by the Town of Apex and that the construction was observed to be built within substantial compliance and intent of the Permit, 15A NCAC 02T, the Division of Water Quality's Gravity Sewer Minimum Design Criteria adopted February 12, 1996 as applicable, approved plans, Town of Apex Standard Specifications and Construction Details, and other supporting materials.

Signature: \_\_\_\_\_

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

Registration Number: \_\_\_\_\_

**SEAL**