



# TOWN OF WESTPORT

5387 Mary Lake Road • Waunakee, WI 53597  
Office: (608) 849-4372 • www.townofwestport.org

Dean A. Grosskopf  
*Administrator/Clerk-Treasurer*

Robert C. Anderson  
*Utility, Finance, IS Manager,  
Deputy Clerk/Treasurer*

Jessica J. Duffrin  
*Executive Assistant*

## TOWN BOARD

Kenneth R. Sipsma, *Chair*

Joseph Pichette

Mary Manering

Mark A. Trotter

John Cuccia

## Driveway Permit

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Property Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposed Driveway Location: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Stopping Site Distance Available: \_\_\_\_\_

Posted Speed Limit: \_\_\_\_\_ MPH Stopping Site Distance Required at Posted Speed: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Drainage Consideration: \_\_\_\_\_

**\*\* Requirement to meet the Town Standards: 4' buffer between road and driveway surface. The buffer must be asphalt or concrete and could be removed and/or replaced at the Town's discretion. \*\***

**\*\* MINIMUM Culvert Size 15" Round or Equivalent Arch \*\***

I \_\_\_\_\_, as owner/agent of the above property, agree to the preceding terms, conditions, and specifications.

\_\_\_\_\_  
(Electronic Signature) Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

For Office Use Only

-----  
Approved/Issued by: \_\_\_\_\_ Date: \_\_\_\_\_



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## Application for Water Service

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\* If other than SFR, attach description, drawing of building, lot indicating type, and layout of service desired \***

Size of Connection: \_\_\_\_\_ Size of Meter: \_\_\_\_\_ Est. Date of Service: \_\_\_\_\_

Kind of Meter: New: \_\_\_\_\_ Replacement: \_\_\_\_\_ Improvement: \_\_\_\_\_

Type of Material: (Owner's Service): Copper: \_\_\_\_\_ Cast Iron: \_\_\_\_\_ Plastic: \_\_\_\_\_

Master Plumber: \_\_\_\_\_ License #: \_\_\_\_\_

**\* The customer is responsible for the cost of installation (service & shut off valve) if necessary to install service from the water main to the property line \***

As owner/agent of the above property agree to the preceding terms, conditions, and specifications.

\_\_\_\_\_  
(Owner/Agent) Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



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## INSTRUCTIONS FOR WATER SERVICE INSTALLATION TOWN OF WESTPORT

### Service Connections (or Water Laterals)

All water services shall be undiminished in size from the street main into the point of meter placement. Service pipe shall be installed not less than 6 feet below established or proposed grade, whichever is lower.

### Backfilling Trenches (Permit Required)

Trenches in public right-of-way shall be backfilled with sand or gravel and compacted to 95% maximum density. The road shall be replaced in kind except that a minimum of 10" of aggregate and 3" of asphaltic concrete shall be used. The government agency which owns and/or maintains the street may have additional requirements.

### Shut Off Valve

The customer shall protect the stop box in the terrace, keeping it visible and operable. Installation of Meters Meters will be furnished by the Water Utility District and installed by the owner's plumber. Locations are to be approved by the Water Utility District. Once installed, meters shall be sealed by the Water Utility District and are not to be disconnected or tampered with by the customer. All meters shall be readily accessible for reading, inspection, and servicing. Meters shall be installed between two shut-off valves and connected with unions for easy removal and replacement. Piping shall be fully supported when the meter is removed. A sampling faucet **may** be installed after the meter for water quality testing by the Water Utility District.

### Turning on Water

The water shall be turned on by a duly authorized employee of the water utility. The plumber may request that the water be turned on to test his installation, but the water must be turned off after testing.



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## Application for Sewer Connection

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Property Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposed Driveway Location: \_\_\_\_\_

**\*Industrial users must make application directly to the Madison Metropolitan Sewerage District\***

The undersigned agrees to be bound by and comply with all applicable statutes, ordinances, rules and regulations of the State of Wisconsin, Madison Metropolitan Sewerage District, Town of Westport, and Town of Westport Sewer Utility District, relating to the construction, operation and maintenance of sewerage and plumbing facilities. In the event that this application relates to a commercial use of the building sewer, a description of the commercial process; and anticipated volume and character of the proposed discharge must be attached hereto.

The undersigned certifies that (s)he is a licensed master plumber in the State of Wisconsin.

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.  
(Master Plumber and license #)

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.  
(Electronic Signature of Owner)



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## **Curb Stop Guidelines** **Town of Westport** **5387 Mary Lake Road** **Waunakee, WI 53597**

1. **SUBMITTAL:** Applicant shall submit a curb stop application form in conjunction with the building permit application. A \$50.00 application fee and a \$1,000.00 deposit will be required to complete the application process.
2. **COMPLETION:** The permit holder shall request a Certificate of Operation certified by the appropriate individual and notify the Town within five (5) days of completion of site stabilization (lot must be seeded or sodded and all concrete work completed). Applicant must allow access to the site for inspection.
3. **REVIEW:** The Public Works Supervisor or his designee will verify that the water valve is fully functional and will provide a Certificate of Operation after the site has been fully built out, including all concrete work driveways and sidewalks, and the lawn has been fully seeded.
4. **REFUND:** Following the issuance of the Certificate of Operation, the Town will issue a refund of the \$1,000.00 deposit.
5. If it is found upon review that the curb stop is damaged or not functioning properly, the \$1,000.00 deposit shall be forfeited as a fine and the cost of the repair shall be paid by the property owner. If not paid within (90) days, the cost of said repairs shall be placed on the tax roll as a special tax against the property.



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## Curb Stop Operation Permit Application Town of Westport 5387 Mary Lake Road Waunakee, WI 53597

Date of Submittal:
Property Address:
Parcel Number:
Property Owner:
Email Address:
General Contractor: <span style="float: right;">Phone:</span>
Plumber: License #: <span style="float: right;">Phone:</span>
Date Work Completed:

The undersigned certifies that he/she has familiarized himself/herself with the State and local codes and procedures pertaining to this application. The undersigned hereby certifies that the information contained in this application is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

**Curb Stop Installation Site Plan**  
**Town of Westport**  
**5387 Mary Lake Road**  
**Waunakee, WI 53597**

Prior to starting construction, the building permit holder shall verify the water valve is fully functional and complete this site plan.

The site plan shall include the following:

1. Property Address
2. Sketch of driveways and sidewalks
3. Location of water valve and water line
4. Sketch the location of any culverts

**LOT REQUESTING PERMIT**

PROPERTY LINE, TYP.

SETBACK, TYP.

R.O.W.

**STREET**

FILL IN NORTH ARROW

**ATTACHMENT A**



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### Certificate of Operation Town of Westport 5387 Mary Lake Road Waunakee, WI 53597

Date of Project Completion:
Contractor Name & Address:
Property Owner:
Property Address:
Parcel Number:

I hereby request the Town to inspect and verify the operation of the water valve, for the address listed above, and refund the water valve deposit.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

### Inspection Report To be completed by the Town Representative

Date of Inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Approved:  Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_