



**CITY OF HOOVER**  
**DEPARTMENT OF BUILDING INSPECTION**  
**Application for Sewer Impact Permit**

Hoover Public Safety Center • 2020 Valleydale Road, Suite 103 • Hoover, Alabama 35244  
 Telephone (205) 444-7522 • Fax (205) 444-7650

[www.hooveral.org](http://www.hooveral.org)

**TYPE OF OCCUPANCY** (PLEASE CHECK THAT APPLY)

Residential       New Building

Commercial       Building Addition

Remodel       Septic Tank Conversion

Industrial Other (specify) \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Company Name \_\_\_\_\_

Applicate Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Is Contractor Licensed  Yes  No

License Number: \_\_\_\_\_

City of Hoover \_\_\_\_\_

State of Alabama \_\_\_\_\_

Master Plumber Certification #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

**HOOVER SEWER FIXTURE COUNT**

<u>FIXTURE TYPE</u>	<u>PERMITTED #</u>	<u>DELETED #</u>	<u>FIXTURE 1/4 VALUE</u>	<u>PERMITTED#</u>	<u>DELETED#</u>
<input type="checkbox"/> WATER CLOSETS/TOILETS	_____	_____	<input type="checkbox"/> FLOOR DRAINS <sup>-1/4</sup>	_____	_____
<input type="checkbox"/> SINKS	_____	_____	<input type="checkbox"/> DRINKING FOUNTAINS <sup>-1/4</sup>	_____	_____
<input type="checkbox"/> URINALS	_____	_____	<input type="checkbox"/> SUMPS-PUMPS EJECTORS <sup>-1/4</sup>	_____	_____
<input type="checkbox"/> BATH TUBS	_____	_____	<input type="checkbox"/> A/C CONDENSATE DRAIN <sup>-1/4</sup>	_____	_____
<input type="checkbox"/> SHOWERS	_____	_____	<input type="checkbox"/> RESTAURANTS # OF SEATS <sup>-1/4</sup>	_____	_____
<input type="checkbox"/> LAVATORIES	_____	_____	<input type="checkbox"/> RESTAURANTS VOLUME <sup>-1/4</sup>	_____	_____
<input type="checkbox"/> WASHING MACHINES	_____	_____	<input type="checkbox"/> OTHERS _____ <sup>-1/4</sup>	_____	_____
<input type="checkbox"/> GARBAGE GRINDERS	_____	_____			
<input type="checkbox"/> DISHWASHERS	_____	_____			

**\* TOTAL FEE: \$** \_\_\_\_\_

**\*** To calculate the total fee see Sewer Impact Fee Schedule.

## **SEWER IMPACT FEE SCHEDULE**

An impact fee is hereby levied upon each new connection to the City Sewer System within or without the City in accordance with the following schedule:

- A) Conversion from septic tank to live sewer shall be calculated at \$10 for the first 16 existing fixtures and \$225 for each additional fixtures thereafter.
- B) Residential/Commercial construction (excluding restaurants): \$225/fixture installed or \$56.25/fixture installed as indicated below.

The following fixtures are rated at \$225 each:

- 1) Bathtub with or without Shower
- 2) Shower without Bathtub
- 3) Water Closet
- 4) Bidet
- 5) Lavatory
- 6) Urinal
- 7) Sink
- 8) Dishwasher
- 9) Washing Machine
- 10) Garbage Disposal
- 11) Dumpster Drain
- 12) Commercial Ice Machine

The following fixtures are rated at \$56.25 each:

- 1) Floor Drain
- 2) Drinking Fountain
- 3) Air Conditioner Condensate Drain

The following fee applies to all type restaurants including fast food in lieu of fixtures count:

- 1) Restaurant/Bar Seat Count \$112.50 each
- 2) Drive-thru Window \$450.00 each in addition to Seat Count

Industrial user impact fees will be determined on a case basis depending upon anticipated flowrates.

ATTENTION: This is not a sewer connection permit. A separate plumbing permit must be obtained to install a service line or make connection to a sanitary sewer. Upon installation of fixtures and/or stub outs for fixtures permitted hereby, the undersigned shall notify the City of Hoover and hereby authorizes the City to inspect the premises for conformity with this impact permit. This permit covers the impact of additional sewer use at the wastewater treatment plant.

Any installed fixtures and/or stub outs for fixtures in excess of those permitted hereby shall be assessed at \$450.00 each.

**I HEREBY CERTIFY AND AFFIRM THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT**

If failure to make payment hereunder results in legal action, the undersigned agrees to pay all costs and reasonable attorneys' fees of such legal action.

\_\_\_\_\_  
Print Name of Owner or Contractor

\_\_\_\_\_  
Signature of Owner or Contractor

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DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Approved By	Job Cost	Permit Fee	Date Permit Issued	Permit Number