



DOMESTIC WASTEWATER PERMIT APPLICATION

1. APPLICANT / NAME:
2. MAILING ADDRESS OF APPLICANT: NUMBER AND STREET, PO BOX CITY OR TOWN
3. TELEPHONE
4. E-MAIL ADDRESS
5. PROJECT NAME
6. PROJECT LOCATION(LOT NUMBER)
7. PROJECT DESCRIPTION (SUMMARY)(CONTRACTOR)
8. PROJECTED WATER USE:

TYPE	# OF UNITS	GPD / UNIT	TOTAL
Townhouse			
Single Family			
Duplex			
Apartment			
Empty lots			
		TOTAL FLOW:	
<i>Town Use Only</i>			
Connection Fee:			

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

Signature of Applicant

Title

Date

Cc: Kyle Fox, Public Works Director
 Michael Gorman, Sewer Inspector
 Sarita Croce, Assistant Public Works Director/Wastewater
 Dawn Tuomala, Deputy Public Works Director
 Richard Jones, Building & Health Division/Fire Department