



WESTPORT, CONNECTICUT

DEPARTMENT OF PUBLIC WORKS

TOWN HALL, 110 MYRTLE AVE.
WESTPORT, CONNECTICUT 06880
(203) 341 1120

PERMIT #

PERMIT FEE \$125.00

APPLICATION FOR: "SANITARY SEWER CONNECTION PERMIT"

FOR PURPOSES OF: (CHECK ONE)

- BUILDING CONNECTION BUILDING DISCONNECT
- REPAIR CONNECTION MAIN LINE SEWER CONSTRUCTION

LOCATION	ASSESSOR'S MAP #	TAX LOT #
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APPLICANT'S INFORMATION

APPLICANT / PROPERTY OWNER	PHONE #
MAILING ADDRESS	FAX #

DRAIN LAYER'S INFORMATION

DRAIN LAYER	PHONE #	
MAILING ADDRESS	FAX #	
STATE LICENSE #	DRAIN LAYER'S BOND Amount: Exp. Date:	CERTIFICATE OF INSURANCE Exp. Date

"CALL BEFORE YOU DIG" NO.

TYPE OF USE

CLASS A ("Residential")		CLASS B ("Commercial")	
A-1 - Single Family	A-3 - Multiple Family	B-1 - Retail	B-3 - Food Establishment
A-2 - Single Family + Apt.	A-4 - Other	B-2 - Office	B-4 - Other

DESCRIPTION of WORK _____

Applicant and Drain Layer agrees:

- All existing septic tanks **MUST** be pumped, crushed, backfilled prior to final approval.
- To abide by all Rules and Regulations adopted by the Sewer Authority.
- Applicant must obtain a permit from the Town of Westport Tree Warden prior to the removal of any trees within the Town right-of-way.**
- To complete the work involved within ninety (90) days.
- To furnish any additional information relating to this application as may be required by the Sewer Authority.
- To hold the Town harmless from any loss or damage that may be caused directly or indirectly, by the installation of the building sewer and its connection to the public sewer.
- As-built plan to be provided at time of final approval.**
- For **Class A Permits**; Applicant must provide a complete and detailed plot plan. For **Class B Permits**; Applicant must provide the type of use and the total square footage of that use, a complete floor plan, and a schedule of all process waters and wastes produced and/or expected to be produced.

Signature _____ Date _____
(Applicant)

Signature _____ Date _____
(Drain Layer)

(FOR OFFICE USE ONLY)

Sewer Account # _____ Water Install. # _____

Sewer Contract # _____ Pump Sta # _____ Use Units _____ CN # _____

Issued By: _____ Date ____ / ____ / ____ Approved By: _____ Date ____ / ____ / ____