



**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
7. PROJECT DESCRIPTION (SUMMARY)
8. PROJECTED WATER USE:

TYPE	# OF UNITS	GPD / UNIT	TOTAL
Townhouse			
Single Family			
Duplex			
Apartment			
Elderly			
		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.*

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Signature of Applicant

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Title Date

Cc: Rick Seymour, Public Works Director  
 James E. Taylor, Public Works Assistant Director  
 Ken Conaty, Sewer Inspector  
 Carol Miner, Building & Health Division / Fire Department