



**TOWN OF SCITUATE  
COMMONWEALTH OF MASSACHUSETTS - DEPARTMENT OF PUBLIC WORKS**

**APPLICATION FORM FOR COMMERCIAL SEWER PERMITS**

To the DEPARTMENT OF PUBLIC WORKS:

**Connection Type:**  New  Reconnection  Additional Bedrooms  Disconnection  Other \_\_\_\_\_

The undersigned, being the \_\_\_\_\_ of the property

located at \_\_\_\_\_ (OWNER) (OWNER'S AGENT)  
\_\_\_\_\_ (NUMBER) (STREET) hereby requests a permit to install and connect a building sewer.

1. Name of commercial or industrial establishment to be connected: \_\_\_\_\_.
2. Type of business: \_\_\_\_\_ . Number of employees: \_\_\_\_\_.
3. A complete schedule of all process waters and commercial or industrial wastes produced or expected to be produced at said property. Including a description of the character of each waste, daily volume and maximum rates and durations of discharge and representative analysis is attached hereto.
4. The name and address of the Drainlayer who will perform the proposed work is:

NAME	ADDRESS

5. Plans and specifications for the proposed building sewer are attached hereto as Exhibit "A."
  - **In consideration of the granting of this permit, the undersigned agrees:**
  - To accept and abide by all provisions of the Rules and Regulations of the Department of Public Works of the Town of Scituate and all other pertinent ordinances or regulations that may be adopted in the future.
  - To maintain the building sewer at no expense to the Town.
  - To notify the Department of Public Works and the Board of Health when the building sewer is ready for inspection and connection to the public sewer, **but before any portion of the work is covered.**
  - **To certify (by signing below) that no sump pump is connected to the sanitary plumbing of this building.**

Date: \_\_\_\_\_

Signed \_\_\_\_\_

**PROPERTY OWNER**

(ADDRESS OF PROPERTY OWNER)

Building has existing sump pump: YES  NO  \_\_\_\_\_

(TELEPHONE NUMBER OF PROPERTY OWNER)

**DIG SAFE NO:** \_\_\_\_\_

**DO NOT WRITE BELOW LINE**

Permit No: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved and permit issued

By: \_\_\_\_\_

Department of Public Works

• Application Fee Paid: \_\_\_\_\_

Engineering Drawings Required

• Connection Fee Paid: \_\_\_\_\_

Trench Permit

Applicant Notified of Status

Sump Pump Inspection Complete  
(Date) \_\_\_\_\_