

## TOWN OF SCITUATE

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

## APPLICATION FORM FOR RESIDENTIAL SEWER PERMITS

To the DEPARTMENT OF PUBLIC WORKS:

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

The undersigned, being the of the property (OWNER) (OWNER'S AGENT) hereby requests a permit to install and connect a building sewer. located at (STREET) (NUMBER)

- 1. If the residence is not a single-family dwelling, indicate number of Family Living Units who will be using this sewer connection:
- 2. If a residence, *INDICATE NUMBER OF BEDROOMS*:
- 3. The name and address of the Drainlayer who will perform the proposed work is:

NAME

ADDRESS

4. 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
<b>PROPERTY OWNER</b> Building has existing sump pump: YES	(ADDRESS OF PROPERTY OWNER) O NO (TELEPHONE NUMBER OF PROPERTY OWNER)
DIG SAFE NO:	
	DO NOT WRITE BELOW LINE
	□ Application approved and permit issued
Permit No:Date:	By:
Application Fee Paid:	Department of Public Works
Connection Fee Paid:	□ Engineering Drawings Required
□ Applicant Notified of Status	Trench Permit
□ Sump Pump Inspection Complete	
(Date)	