



**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

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

(OWNER) (OWNER'S AGENT)

located at \_\_\_\_\_ hereby requests a permit to install and connect a building sewer.

(NUMBER) (STREET)

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 \_\_\_\_\_

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***

Application No: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved and permit issued.

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

Town Administrator's Approval

Application Fee Paid: \_\_\_\_\_

Department of Public Works

Connection Fee Paid: \_\_\_\_\_

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

Applicant Notified of Status

Engineering Drawings Required

Sump Pump Inspection Complete

\_\_\_\_\_  
(Date)

REMARKS: