

Application for Sewer Connection / Reconnection

LOCATION OF PROPOSED SEWER CONNECTION (ELLINGTON STREET # AND STREET NAME)

OWNER	PHONE #	MAILING ADDRESS (IF DIFFERENT THAN ABOVE)
SEWER CONTRACTOR	PHONE #	ADDRESS (BUSINESS ADDRESS AS SHOWN ON LICENSE)

This area must be completed in person, in the presence of a staff member and the license must be shown: I understand, as the contractor, that all trenching must comply with OSHA Regulations, and that an as-built plan must be submitted to the Town upon completion of the job. I have read and fully understand the Ellington Sewer Codes.

License Type # _____ Expiration Date: _____ Signature: _____

1. A Plan must be submitted showing location of pipe, cleanouts, gray water connections, and distance to water supplies.
2. RESIDENTIAL USE: Single-family - # of Bedrooms _____
 Multi-Family _____ Number of Dwelling Units – Total Bedrooms _____
3. COMMERCIAL USE: Type _____
4. Water Supply: Public Private Separation Distance Between Sewer/Water: _____ feet
5. Existing Septic Tank: Emptied, Crushed & Filled Emptied & Filled Emptied & Removed

As a condition of the Town of Ellington receiving Federal funding, the following information is requested in order to monitor our compliance with Federal laws prohibiting discrimination against applicants/participants on the basis of race, national origin and sex. The Town of Ellington is an Equal Opportunity Provider.

I do not wish to furnish this information
RACE/ORIGIN: American Indian or Alaskan Native Black, not of Hispanic origin Asian or Pacific Islander
 Hispanic White, not of Hispanic Origin 2 or more Races, not of Hispanic Origin **GENDER:** Male Female

All work covered by this application has been authorized by the owner or his/her agent of this property. The owner accepts and agrees to abide by all pertinent State and Town Regulations governing sanitary sewers. The permit will lapse if work does not commence within six (6) months. Permit fees are non-refundable.

Signature of Applicant _____ Printed Name of Applicant _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE

PRE-CONSTRUCTION APPROVAL	DATE	POST-CONSTRUCTION APPROVAL	DATE
Fee: \$ _____ Receipt # _____		Septic System Abandoned Property on	
Permit Technician _____ <input type="checkbox"/> Taxes Paid <input type="checkbox"/> Plan Submitted		Inspection of Entire Length of Pipe on	
WPCA Technician _____ <input type="checkbox"/> Taxes Paid <input type="checkbox"/> Plan Submitted		As-Built Plant Received on	
Building Official _____ <input type="checkbox"/> Venting		WPCA Technician – All Work Completed on	
Inland Wetlands Agent _____ <input type="checkbox"/> E&S Controls		Sewer Connection Date	
WPCA Technician _____ <input type="checkbox"/> OK to Commence Work		Sewer Account #	