APPLICATION FOR SEWER PERMIT * TOWN OF GREENWICH, CT

Public Works - Sewer Division * Town Hall, 101 Field Point Road, Greenwich, CT 06830

Sewer Division at Town Hall – Phone No.: (203) 622-7760; Fax No.: (203) 622-7831

Sewer Inspector/Treatment Plant – Phone No.: (203) 622-0963

NOTE: THIS IS NOT A PERMIT. **Applications expire one year from date of review decision.**

The review process takes approximately 4 weeks/20 working days.

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Date Application Submitted to Sewer Division in Town Hall (second floor) _____

Property Address _____

Property Owner's Name _____

Person to call when application has been reviewed or if additional information is required:

Name _____ Phone No. _____

Plumber's Name _____ Plumber's License Number _____

A P1 or P7 License is required in order to obtain a sewer permit. Please attach a copy of the license.

Reason for sewer permit _____

(examples: repair, going from septic to sewer, new, cap/demolish, reconnect, change of use, relocation, etc.)

Usage (i.e. dwelling, commercial, restaurant, etc.) _____

If dwelling, number of families is _____. If commercial, etc., sq. footage is _____.

Must get the following information from the Assessor's Office (#622-7885) on first floor of Town Hall:

Property Parcel ID No./Tax Account/Account No. (example: 1-1111-S) _____

Property Lot No. _____ Property Card No. or side of street (ex: N5, north) _____

Submit with this application two (2) copies of a drawing/plan showing the building, the street, the Town sewer line, the proposed sewer line/pipe from the building to the existing Town sewer line, the size of pipe, and the type of pipe. **Plans will not be returned. Cap/demolish applications do not require plans.**

Do Not Write Below This Line. ↓ SEWER DIVISION OFFICE USE ONLY

Is property in the Sewer Benefit Area? Yes X No _____ [Determined by the Sewer Division].

Fee is not submitted until application is approved. Permit Fee $_____ [Determined by Sewer Division].

Submitted to Sewer Inspector/alternate to review on _____. Please return by _____.

I approve _____/ deny _____ this application on [date] _____.

_____ _____ _____

signature *name* *title*

Submitted to Sewer Superintendent/alternate to review on _____. Please return by _____.

I approve _____/ deny _____ this application on [date]_____.

_____ _____ _____

signature *name* *title*

10/95, Rev. 8/07

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Decision:_____ _____ _____ _____

contacted (name) phone number notified on (date & time) by (machine, personally, person)

Issued:_____ _____ _____ _____

contacted (name) phone number notified on (date & time) by (machine, personally, person)