

TOWN OF WESTPORT DEPARTMENT OF PUBLIC WORKS

110 MYRTLE AVENUE, WESTPORT, CT 06880 203-341-1120

APPLICATION REQUIREMENTS for SANITARY SEWER CONNECTION and ROAD OPENING PERMITS

To receive a Sanitary Sewer Connection Permit and/or a Roadway Opening Permit, the following items must be **current** and **on file** with the Department of Public Works Office, Room 210, Westport Town Hall:

PERFORMANCE AND GUARANTY BOND (REQUIRED FOR ALL PERMITS)

• In the amount not less than:

\$10,000.00 with expiration date noted.

CERTIFICATES OF LIABILITY INSURANCE (REQUIRED FOR ALL PERMITS)

With minimum limits as follows:

COMMERICAL GENERAL LIABILITY,

Covering personal and adv injury and property damage, with limits of liability of:

\$1,000,000 per occurrence

\$2,000,000 in the aggregate

AUTOMOBILE LIABILITY

Covering bodily injury and property damage of:

\$1,000,000 per accident

• UMBRELLA OR EXCESS LIABILITY

In an amount of:

\$1,000,000 each occurrence

\$1,000,000 in the aggregate

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

That meets State of Connecticut statutory regulations.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

NAMING THE TOWN OF WESTPORT AS ADDITIONAL INSURED

> ADDITIONAL REQUIREMENTS:

SEWER PERMITS

Copy of State of Connecticut Plumbing License; P1, P2, P6, P7, W8, or W9.

ROAD OPENING PERMITS

A sketch of the proposed work must be submitted at the time of permit application showing area of work with swing tie measurements to fixed objects / structures.

Peter A. Ratkiewich, P.E.

Director of Public Works

OF WESTER

WESTPORT, CONNECTICUT

DEPARTMENT OF PUBLIC WORKS
TOWN HALL, 110 MYRTLE AVE.
WESTPORT, CONNECTICUT 06880
(203) 341 1120

PERMIT #

PERMIT FEE \$125.00

APPLICATION FOR: "SANITARY SEWER CONNECTION PERMIT"

FOR PURPOSES OF: (CH	ECK ONE)						
() BUILDING CONNEC	ΓΙΟN	() BUILDING DISC	CON	NECT				
() REPAIR CONNECTIO	N () MAIN LINE SEWI	ER C	ONSTRU	UCTIO	ON		
LOCATION					ASSESSOR'S MAP # T.		TAX LOT #	
APPLICANT'S INFORMAT	TION			ı			ı	
APPLICANT / PROPERTY OWNER						PHONE #		
MAILING ADDRESS						FAX.#		
DRAIN LAYER'S INFOR	RMATIO	ON			ı			
DRAIN LAYER						PHONE #		
MAILING ADDRESS						FAX#		
MAILING ADDRESS						1777		
STATE LICENSE # DRAIN LAYER'S BOND Amount: Exp. Date:						CERTIFICATE OF INSURANCE Exp. Date		
"CALL BEFORE YOU I	DIG" N	О.						
TYPE OF USE								
CLASS A ("Residential")		CLASS B ("C				mercial")	,	
A-1 - Single Family		A-3 - Multiple Family			B-1 - Retail			3 - Food Establishment
A-2 - Single Family + Apt.		A-4 - Other		B-2 - Office			B-	4 - Other
 Applicant and Drain Laye All existing septic tanks MQ To abide by all Rules and Q Applicant must obtain a partner the Town right-of-way. To complete the work invoided. To furnish any additional in G To hold the Town harmles building sewer and its configuration. For Class A Permits; Approvide the type of use and and wastes produced and/or 	JST be p Regulation permit from lived with information is from an inection to licant model.	numped, crushed, backfins adopted by the Sew om the Town of Westpon the Town of Westpon the Town of Westpon the Town of this applicant loss or damage that to the public sewer. The of final approval. The ust provide a complete I square footage of that	er Au cort I ation a may b	thority. Tree Ward as may be be caused of etailed plo	den pri requiredirectly	ed by the Sey or indirect	ewer tly, t	Authority. by the installation of the ermits: Applicant must
Signature						Date		
	(Applicant)							
Signature		(Drain Layer)				Date		
		(Drain Layer)						
(FOR OFFICE USE ONLY		- — — -	_				_	
Sewer Account #	Water Install.#							
Sewer Contract #	P	ump Sta#	Us	e Units _		CN #		
Issued By:		Date//	Appr	oved By:				_Date/