



**TOWN OF WESTPORT
DEPARTMENT OF PUBLIC WORKS**

110 MYRTLE AVENUE
WESTPORT, CT 06880
203-341-1793

SEWER PERMIT #

PERMIT FEE \$125

**SANITARY SEWER
CONNECTION PERMIT APPLICATION**

PROPERTY INFORMATION

LOCATION / ADDRESS	GIS ID#
CALL BEFORE YOU DIG #	START DATE

OWNER INFORMATION

OWNER	PHONE #
ADDRESS	EMAIL

DRAIN LAYER INFORMATION

DRAIN LAYER	PHONE #
ADDRESS	EMAIL
PLUMBERS LIC. #	INS. EXP. DATE

PERMIT PURPOSE

BUILDING CONNECTION	BUILDING DISCONNECT	REPAIR	MAIN LINE SEWER EXTENSION
GRAVITY CONNECTION:			
PUMP CONNECTION:		PUMP MAKE/MODEL:	
PUMP CHAMBER CAPACITY (GALS):		PUMP DISCHARGE: PIPE SIZE (INCHES)	
PIPE TYPE:			

APPLICANT AND DRAIN LAYER AGREES:

1. All existing septic systems must be abandoned in accordance with State of Connecticut Health Code. A "Septic Abandonment Permit" must be obtained from the Westport/Weston Health District.
2. To abide by all Rules and Regulations adopted by the Sewer Authority.
3. Applicant must obtain approval from the Town of Westport Tree Warden prior to the removal of any trees within the Town right-of-way.
4. To complete the work involved within ninety (90) days.
5. To furnish any additional information relating to this application as may be required by the Sewer Authority.
6. To hold the Town harmless from any loss or damage that may be caused directly or indirectly, by the installation of the building sewer and its connection to the public sewer.
7. **AS-BUILT PLAN MUST BE PROVIDED AT TIME OF FINAL APPROVAL.**

SIGNATURE _____
(DRAIN LAYER)

DATE: ____/____/____

(FOR OFFICE USE ONLY)

SEWER ACCOUNT # _____ WATER INSTALLATION # _____

SEWER CONTRACT # _____ PUMP STATION # _____ LIST # _____

ISSUED BY: _____ DATE: ____/____/____

APPROVED BY: _____ DATE: ____/____/____