

City of Easton, Bureau of Engineering

APPLICATION for SANITARY SEWER CONNECTION

Check one: _____ New Service _____ Continued service

Location _____
(street name & address; tax map parcel no.; if a new subdivision, provide plan with lot #'s)

OWNER/DEVELOPER

CONTRACTOR (PLUMBER)

Name _____

Address _____

Phone _____

Contact _____

Email _____

BUILDING USE and DESCRIPTION _____

TYPE OF SEWAGE

_____ **RESIDENTIAL USE**

	Single Family Houses	Attached Single Family Units	Apartments	Total Bedrooms (in apartments)
Number of proposed:	_____	_____	_____	_____
Number of existing:	_____	_____	_____	_____

_____ **NON RESIDENTIAL USE**

Proposed: Office; Sq. ft _____ Retail; Sq. Ft _____ Warehouse/Storage; Sq. ft _____

Restaurant/Bar, Seats _____ Commercial Discharge _____ gallons per day

Industrial Discharge Volume _____ gallons per day (pretreatment permit required? Y, N)

Domestic Discharge _____ gallons per day

Existing: Office; Sq. ft _____ Retail; Sq. Ft _____ Warehouse/Storage; Sq. ft _____

Restaurant/Bar, Seats _____ Commercial Discharge _____ gallons per day

Domestic Discharge _____ gallons per day

Industrial Discharge _____ gallons per day (pretreatment permit required? Y, N)

(complete both sides)

Anticipated sewage discharge increase _____ gallons per day.

List ALL Owners:

_____	_____	_____
Current Owner (print)	(signature)	Date

_____	_____	_____
Current Owner (print)	(signature)	Date

_____	_____	_____
Prospective Owner (print)	(signature)	Date

_____	_____	_____
Prospective Owner (print)	(signature)	Date

* * * * *

This portion is to be completed by the City of Easton's Finance Department.

Account No.	\$ Amount Owed	Account No.	\$ Amount Owed
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_____	_____	_____	_____
_____	_____	_____	_____

Check One: _____ Approved _____ Disapproved

Agent: _____

Return to Bureau of Engineering
Copy to Sewer Board of Administration

(complete both sides)