

CITY OF GREENFIELD
DEPARTMENT OF PUBLIC WORKS
189 Wells Street
Greenfield MA 01301
Ph. 413-772-1528 Fax 413-773-9593

Application for New Sewer Connection
Residential Building

Address of proposed Residence: _____

Description of residence: _____
(single family, duplex, multi family, condo etc.)

PART A:

1. Owner's name: _____
Mailing Address: _____

Phone(s): _____
Fax / email (optional): _____

2. The name and address of the person or firm that will perform the proposed work is:
Name: _____
Address: _____

Phone(s), _____
Fax / email (optional): _____

3. The following indicated fixtures will be connected to the proposed building sanitary sewer:
(Write in the number.)

Dishwashers _____	Urinals, _____
Showers _____	Kitchen sinks, _____
Toilets _____	Bathrooms, _____
Bathtubs _____	Garbage disposals, _____
Utility Sinks _____	Other (see back), _____

4. The number of bedrooms in the house is _____.
The expected flow in gallons per day for the house based upon 110 gallons/bedroom is _____

5. The size of service shall be 4 inches in diameter of SDR 35 PVC.

6. Plans and specifications for the proposed building sewer are attached hereunto as exhibit "A."
Exhibit A shall show plumbing details including all sewers, sewer connections, sewer cleanouts, roof drains, footing drains, cellar drains, and sumps and appurtenances by the size, location, and elevation.

7. Anticipated date service is to be installed _____.

8. No new service will be installed between December 1 and April 1, and no new sewer service application will be accepted by the Department after November 15.

PART B:

In consideration of the granting of this permit, the undersigned agrees:

1. To accept and abide by all provisions of the Sewer Use Regulations of the City of Greenfield, and of all other pertinent rules and regulations that may be adopted in the future.
2. To notify the Engineering Inspector at 413-772-1528 between the hours of 7 a.m. and 2:30 p.m. when the building sewer is ready for inspection, but before any portion of the work is covered.
3. All trenches must be patched and a minimum 10' driveway apron must be paved or the water service will not be turned on.

Application valid for 1 year from date approved by DPW Engineering (Part C-1, C-2a)

DATE: _____ SIGNED: _____

(Present Address of Applicant)

TELEPHONE: Work: _____
Home: _____

PART C: **FOR OFFICE USE ONLY**

<u>1. PERMIT FEE</u>	<u>TAP FEE</u>	<u>DATE PAID</u>	<u>AMOUNT</u>	<u>PAYMENT RECEIVED BY</u>
\$1000	\$		\$	

2. Application reviewed and approved by Engineering Division.

DATE: _____ SIGNED: _____

3. D.E.P. Sewer Extension Permit Required?
(Yes, if flow is over 2000 gpd or if sewer main is extended.)

_____ YES _____ NO if yes,

Received and reviewed:

DATE: _____ SIGNED: _____

4. Connection inspected and approved:

DATE: _____ SIGNED: _____

Comments: _____