

RESIDENTIAL OR COMMERCIAL BUILDING SEWER PERMIT APPLICATION

To the Town of Agawam Department of Public Works:

The undersigned being the _____ of the property located at
(Owner, Owner's agent, etc.)

_____ does hereby request a permit to install and connect a
(Number) (Street)
building sewer to serve the _____ at said location.
(Residence, Commercial Building, etc.)

1. The following number of dwelling units or business units will be served by the proposed building sewer _____

2. The following indicated fixtures will be connected to the proposed building sewer:

<u>Number</u>	<u>Fixture</u>	<u>Number</u>	<u>Fixture</u>
_____	Kitchen Sink	_____	Bath Tubs
_____	Lavatories (hand sink)	_____	Showers
_____	Laundry Tubs	_____	Garbage Grinders
_____	Urinals	_____	Dishwasher
_____	Water Closets (Toilets)		

Specify other fixtures _____

3. The maximum number of persons who will use the above fixtures is _____.

4. Number of bedrooms is _____

5. Estimated design sewage flow based on 314 CMR 7.00 _____

6. The name and address of person or firm who will install the building sewer is

7. Plans and specifications for the proposed building sewer are attached hereunto as exhibit "A".

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

- To accept and abide by all provisions of Chapter 175, Article I through XI inclusive of the Code of the Town of Agawam and of all other pertinent ordinances or regulations that may be adopted in the future.
- To maintain the building sewer at no expense to the Town of Agawam.
- To notify the Superintendent of Public Works when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered.
- To indemnify the Town of Agawam from loss or damage that may directly or indirectly be occasioned by the installation of the building sewer or the connection for the sanitary sewer or the storm drain.

DATE _____:

SIGNED _____
(Applicant)

(Address of Applicant)

\$ _____ ENTRANCE FEE PAID Receipt # _____ Date _____

\$ _____ CONNECTION DEPOSIT PAID Receipt # _____ Date _____

APPLICATION APPROVED AND PERMIT ISSUED:
DAY

AUTHORIZED DISCHARGE _____ GALLONS PER

DATE: _____

SIGNED _____
(Superintendent of Public Works)