

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 building
(Number) (Street)
sewer to serve the _____ at said location.
(Residence, Commercial Building, etc...)

- 1. 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:

| Number | Fixture | Number | Fixture |
|-------------------------|-------------------------|--------|------------------|
| | Kitchen Sinks | | Bath Tubs |
| | Lavatories (hand sinks) | | Showers |
| | Laundry Tubs | | Garbage Grinders |
| | Urinals | | Dishwasher |
| | Water Closets (Toilets) | | |
| Specify other fixtures: | | | |

- 3. The maximum number of person 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:

- a) To accept and abide by all provision 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.
- b) To maintain the building sewer at no expense to the Town of Agawam.
- c) 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.
- d) 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)

Do Not Complete This Section - Agawam Department of Public Works Use Only

Entrance Fee Paid: \$ _____ Receipt #: _____ Date: _____

Connection Deposit Paid: \$ _____ Receipt #: _____ Date: _____

Application Approved and Permit Issued: Date: _____ Authorized Discharge: _____ GPD

Permit Number: _____ Signed: _____,
Superintendent of Public Works