



TOWN OF NORTHFIELD

www.northfieldma.gov

SEWER COMMISSION

nwwtf@northfieldma.gov
413.498.5116

APPLICATION FOR NEW SEWER SERVICE

<p>APPLICATION DATE _____</p> <p>FEES:</p> <p>PERMANENT PRIVILEGE: \$2,500.00</p> <p>APPLICATION : \$150.00</p> <p>TOTAL: \$2,650.00</p> <p>CHECKS PAYABLE TO THE TOWN OF NORTHFIELD</p> <p>To schedule an inspection with the Wastewater Treatment Plant Operator call 413-498-5116</p>	<p>OWNER'S NAME _____</p> <p>CURRENT ADDRESS _____</p> <p>HOME PHONE _____ WORK PHONE _____ CELL PHONE _____</p>
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SERVICE TO BE INSTALLED AT:

KITCHEN SINKS:		URINALS:		SHOWERS:	
TOILETS:		BATH TUBS:		GARBAGE DISPOSALS:	
WASHER:		DISHWASHER:		OTHER:	
MAXIMUM NO. OF PEOPLE TO USE THE ABOVE FIXTURES:					
NO. OF FAMILIES:					

- A PLAN SHOWING THE LOCATION OF THE PROPOSED INSTALLATION IS REQUIRED.
- THE SIZE OF SERVICE SHALL BE 6 INCH PVC PIPE

EXCAVATOR'S NAME _____

ADDRESS _____

PHONE _____

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, THE UNDERSIGNED AGREES:

TO ACCEPT AND ABIDE BY ALL PROVISIONS OF THE SEWER USE REGULATIONS OF THE TOWN OF NORTHFIELD AND ALL OTHER PERTINENT RULES AND REGULATIONS THAT MAY BE ADOPTED IN THE FUTURE. AS BUILT PLANS REQUIRED UPON PROJECT COMPLETION

SIGNATURE OF OWNER _____

DATE _____

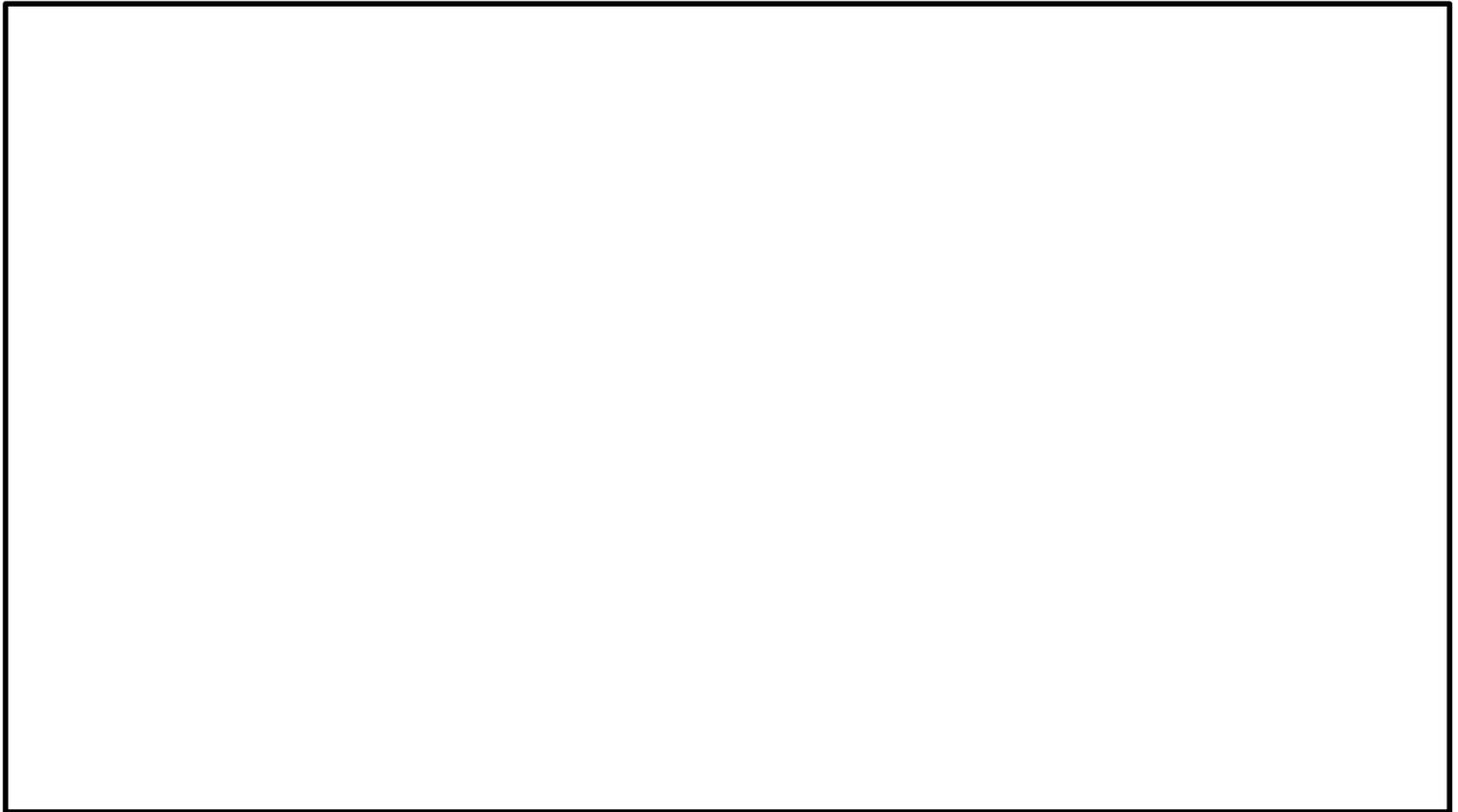
OFFICE USE ONLY

APPLICATION APPROVED BY: _____

DATE: _____

DATE TO BE INSTALLED: _____ TIME: _____

SKETCH OF BUILDING AND LOCATION OF SEWER SERVICES



OWNER OR BUILDER _____

CURRENT ADDRESS _____

NEW SERVICES AT _____

DISTANCE (EDGE OF PAVE TO BUILDINGS) _____

DIFFERENCE IN ELEVATION _____

SIGNATURE OF OWNER

DATE

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to not the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check below.

I DO NOT WISH TO FURNISH THIS INFORMATION: ____

RACE/NATIONAL ORIGIN:

AMERICAN INDIAN/ALASKAN NATIVE ____

ASIAN OR PACIFIC ISLANDER ____

WHITE/NON HISPANIC ____

BLACK/NON HISPANIC ____

HISPANIC ORIGIN ____

OTHER(SPECIFY) _____

FEMALE ____

MALE ____