

APPLICATION FOR SEWER CONNECTION PERMIT

Wells Sanitary District

197 Eldridge Road * PO Box 428 * Wells, Maine 04090

Tel: 207-646-5906 * Fax: 207-646-4020

Property Details

Tax Map:		Lot/Sublot:	
Sewer Account No:			
Subdivision Name:			
Commercial Name:			
Property Location:			

No. Street Name

Property Owner

Name:	
Mailing Address:	
Telephone:	

Applicant's Details

Name:	
Mailing Address:	
Telephone:	

Sewer Permit Fees

	Date paid		
Permit Fee:		\$25.00	
Entrance Fee:		\$500.00	
Reserve Capacity No./Fee:			
TOTAL FEES DUE:			

Drainlayer

Name:	
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- 1.) To furnish any additional information in relation to the proposed work that shall be requested by the Superintendent.
- 2.) To accept and abide by all provisions of the Wells Sanitary District Sewer Ordinances and all other pertinent ordinances or regulations that may be adopted in the future.
- 3.) Backwater valves are not a mandatory requirement of the Wells Sanitary District, but it will be to the applicant's advantage to install backwater valves for their own protection.
- 4.) The plumber and/or drainlayer agrees that they shall be at all times indemnify and save harmless the Wells Sanitary District for any and all claims, damages, losses, litigation, expenses and counsel fees arising out of injuries.
- 5.) To notify the District at least twenty-four (24) hours prior to commencement of the proposed work and again at least twenty-four (24) hours prior to covering of any underground portions of the installation, withholding covering until an inspection can be made by an agent of the Wells Sanitary District.

Owner/Applicant's Signature _____

Date _____

FOR OFFICE USE ONLY

Date of Inspection:		Notes:
Water Account#:		
Change in SBILL:		
Contract Plan#:		