

SIMSBURY WATER POLLUTION CONTROL

SEWER CONNECTION APPLICATION

Sewer work to be performed at: _____
(Street Address)

Owner's Name and Address _____

WORK TO BE PERFORMED:

Install Lateral
 Repair Lateral
 Install Main Line
 (Developers)

EXIT FROM BUILDING AS VIEWED FROM STREET

BACK	<input type="checkbox"/>
LEFT	<input type="checkbox"/>
RIGHT	<input type="checkbox"/>
FRONT	<input type="checkbox"/>

OCCUPANCY OR USE:

Single Family	<input type="checkbox"/>
Multi-Family	<input type="checkbox"/>
Commercial	<input type="checkbox"/>
Industrial	<input type="checkbox"/>

CBYD No. _____
 CT State Road Permit No. _____

PIPE TO BE USED:

SDR 35	<input type="checkbox"/>
SDR 45	<input type="checkbox"/>
Ductile Iron	<input type="checkbox"/>
Cast Iron	<input type="checkbox"/>
Other	<input type="checkbox"/>

Company Name _____
 Plumber's Name _____
 Plumber's License _____

PIPE DIAMETER: _____ INCHES

Do you have a copy of Simsbury's General Requirements for Sewer Lateral Connections?

Y
N

APPURTENCANCES:

Manhole	<input type="checkbox"/>
Cleanout	<input type="checkbox"/>
Check Valve	<input type="checkbox"/>
Automatic Grease Recovery (ARGU)	<input type="checkbox"/>
On-site Pump	<input type="checkbox"/>
Other	<input type="checkbox"/>

Comments:

Special Conditions:

PLEASE FORWARD COMPLETED APPLICATION TO BOTH:
 apiazza@simsbury-ct.gov
 asturgeon@simsbury-ct.gov

ONCE YOUR APPLICATION HAS BEEN RECEIVED, PLEASE WAIT FOR AN EMAIL BACK FROM US WITH FURTHER INSTRUCTIONS REGARDING SIGNATURE / PAYMENT. THANK YOU!