

TOWN of CLINTON DEPARTMENT OF PUBLIC WORKS

242 Church Street Clinton, MA 01510

Phone: (978)365-4110 Fax: (978)365-4106

SEWER CONNECTION APPLICATION FORM

Date ____________

Location _____

Owner _____ Phone # _____

Address _____ Town _____ State _____ Zip _____

Residential _____ Other _____ # of Buildings _____ # of Units _____

Occupancy Load _____ # of bedrooms _____

New _____ Existing _____ Septic failure _____

Contractor _____ Phone # _____

"Approved Drain Layer" by DPW _____

I&I Work Required _____

Building Permit Number _____ Not Applicable _____

PLEASE NOTE: This application (if approved) and the fee paid, only allows you the right to connect to the Town sewer line and does not include any other charges by the Town or the Contractor for the connection to that sewer line.

The total fee must be submitted with the application, the fee is NON-REFUNDABLE. Please make check payable to The Town of Clinton.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Date Received ____ \ ____ \ ____ Application # _____

Date Approved ____ \ ____ \ ____ Received By _____ Approved By _____

Projected Flow Calculations:

Number of Bedrooms _____ X 110 gallons = _____ Gallons

Total Gallons X \$2.50 Per Gallon = \$ _____

\$1000.00 Connection Fee = \$1,000

TOTAL AMOUNT DUE \$ _____