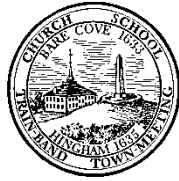


# HINGHAM SEWER COMMISSION



## SEWER CONNECTION APPLICATION

Connection to the Municipal Sewer System shall be granted when a contractor licensed through this office properly fills out this application, insures that **ALL** fees are paid and any additional required approvals are satisfied. The drainlayer shall submit a sewer as-built, on attached sewer sketch form, within 10-days of completing the project or forfeit their right to perform future sewer construction until this requirement is met.

DIG SAFE NO: \_\_\_\_\_ MAP & KEY: \_\_\_\_\_ ACCT # \_\_\_\_\_ TRENCH: \_\_\_\_\_

BOARD OF HEALTH ABANDONMENT PERMIT NUMBER: \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_ CUT & CAP \_\_\_\_\_ REPAIR \_\_\_\_\_ NEW CONNECTION \_\_\_\_\_ RE-CONNECTION \_\_\_\_\_ EXTENSION

### NEW CONNECTION INFORMATION

OWNERS NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

OWNERS ADDRESS (if different): \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

CLASS: \_\_\_\_\_ **RESIDENTIAL** - # OF FAMILIES: \_\_\_\_\_ **COMMERCIAL** - DESCRIPTION: \_\_\_\_\_

### DRAINLAYER INFORMATION

LICENSED DRAINLAYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

LICENSED DRAINLAYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EXCAVATION INFORMATION

**SIDEWALK:** \_\_\_\_\_ UNDISTURBED \_\_\_\_\_ REPAIRS MADE **STREET:** \_\_\_\_\_ UNDISTURBED \_\_\_\_\_ REPAIRS MADE

### CONNECTION CONFIRMED

SEWER COMMISSION AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_