

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 NUMBER: _____ MAP & KEY: _____ ACCOUNT # _____

BOARD OF HEALTH ABANDONMENT PERMIT NUMBER: _____

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: ___/___/___