

Appendix F - Residential and Commercial Wastewater Connection Permit Application

**Town of Orleans, Massachusetts
Board of Water and Sewer Commissioners**

Section 1 - General Information

A. Property Owner's Name:

B. Property Address:

C. Owner's Mailing Address:

D. Telephone Number/Email/Cell Phone Number:

E. Name, Address, Contact Name, Telephone Number, Cell Phone Number, and License Number of Building Contractor:

F. Name, Address, Contact Name, Telephone Number, Cell Phone Number, and License Number of Licensed Drain Layer:

G. Name, Address, Contact Name, Telephone Number, Cell Phone Number, and License Number of Consulting Engineer*:

H. Status of Application (new, renewal or change of use):

I. Type of Commercial Establishment (if applicable):

Section 2 - Building Description and Plumbing Fixtures

A. Describe building (single family residence, two family residence, apartment building, commercial building, etc.):

B. Total building size (square feet):

C. Total number of bedrooms (if applicable):

D. Number of persons employed (if applicable):

E. Total number of plumbing fixtures:

1. Bathtubs and/or Indoor/Outdoor Showers
2. Exterior faucets
3. Urinals and/or Water Closets
4. Drinking Fountains
5. Dishwashers
6. Floor Drains
7. Oil/Water/Sand Separator
8. Garbage Grinders
9. Kitchen Sinks
10. Laundry Washers/Tubs
11. Service Sinks
12. Sump Pumps
13. Other

F. For commercial/institutional properties, will food be served at this establishment?

Yes No N/A

If yes – seating capacity (commercial applicants only) _____

Note: Exterior grease traps are required at all restaurants, food establishments and similar establishments.

G. Attach plans and specifications of proposed building and connection, prepared and stamped by the Design Engineer registered in the Commonwealth of Massachusetts.

Section 3 - Consumption and Usage

- A. Existing water usage records, if applicable
- B. Any additional estimated water consumption information and data

Section 4 - Other Permits

- A. Approved SSDS Abandonment Permit, if applicable.

Section 5 – Record Drawings

- A. Per 13 CMR 15.00, a Certificate of Compliance will not be issued until Record Drawings have been received by the Department. Record Drawings must be submitted within 14 days of the completion of work.

Section 6 - Certification

In consideration of the granting of this permit, the undersigned property owner agrees to the following:

- A. To accept and abide by all **Sewer Use Rules and Regulations** of the Town.
- B. To maintain the connection to the Town’s wastewater system at no expense to the Town.
- C. To furnish and install the connection in full accordance with the **Appendix H - Standard Specifications for Sewer Design and Construction, Appendix I – Construction Details** of these **Sewer Use Rules and Regulations, and the plans approved by the Department.**

I hereby certify that I shall adhere to the Town’s **Sewer Use Rules and Regulations** and I understand that failure to adhere to all discharge limitations and to the Town’s **Sewer Use Rules and Regulations** will be cause for the Town to revoke the connection permit and plug the connection to the Town’s wastewater system, upon completion of a hearing by the Board of Water and Sewer Commission.

Signature of Applicant

Signature of Property Owner

Name

Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY
TO BE COMPLETED BY THE TOWN

Application Complete: Yes No

Supporting Documentation Attached, Complete and Adequate: Yes No

Connection Permit Fee Paid: Yes No

Betterment Assessment Paid: Yes No N/A

Privilege Fee Paid: Yes No N/A

Compensatory Sewer Privilege Fee Paid: Yes No N/A

Flow Offset Fee Paid: Yes No N/A

Reserve Capacity Fee Paid: Yes No N/A

Water Meter on Site: Yes No

Drain Layers License Valid: Yes No

Street Opening Permit Obtained: Yes No N/A

Trench Permit Obtained: Yes No N/A

State Highway Opening Permit Obtained: Yes No N/A

Application Approved and Permit Issued by the Department: Yes No

If no, Why?

Signature of Department Staff

Name of Department Staff

Title of Department Staff

Date

Permit Expiration Date

FOG Program Compliance Date for FSE