



The City of Waterbury
DEPARTMENT OF INSPECTION
 26 Kendrick Ave
 Waterbury, CT 06702
 (203) 574-6856

PERMIT NUMBER:

Application for Sewer Permit

Date: _____

PLEASE PRINT LEGIBLY

Applicant:
 Name: _____
 Address: _____
 City/State/Zip: _____

LOCATION OF WORK:

Owner:
 Name: _____
 Address: _____
 City/State/Zip: _____

License Number: _____
 Phone Number: _____
 Owner's Phone: _____

Building Type:
 Commercial
 Industrial
 Residential
 # of Families? _____

Job Type:
 New Installation
 Repairs Only
 Other _____

Sewer Installation:
 Sanitary
 Storm
 Drywell

Interceptors/Separators Required:
 Oil
 Grease
 Sand
 Other _____

Engineering Department:
 Street Opening Permit
 Storm Sewer Permit
 Other: _____
 Permit # _____

Waste Treatment
 Sanitary Sewer Permit
 Other _____
 Permit # _____

Call Before You Dig
 Yes No
 Call Before You Dig Number: _____

ESTIMATED COST: \$ _____

***The Inspector must be notified when the sewer installation is complete and ready for inspection.
 All sewer installations must be tested in his presence.***

***I hereby certify that the proposed work is authorized by the owner of record and that I have
 been authorized by the owner to make this application as an authorized agent
 and we agree to conform to all applicable laws of this jurisdiction.***

PRINT NAME: _____ **SIGNATURE:** _____

Permit Fee: \$ _____
 State Ed Fee: \$ _____
 Penalty Fee: \$ _____
TOTAL \$ _____

Building Permit Required? YES NO
 Permit#: _____
 Issued by: _____
 Plumbing Inspector



