APPLICATION FORM for Sewer Permit

Review process takes 20± working days. Applications expire after 1 year. This is not a Permit.

DPW Sewer Division, Town Hall, 101 Field Point Road, Greenwich, CT 06830
Sewer Division Office 203-622-7760 / Sewer Inspections 203-622-0963 ext. 5

Date Application received in Sewer Division (2nd floor of Town Hall) _____

Property Address _____

Property Parcel ID No./Account No. (example: 11-1111/S) _____
Obtain from Assessor's Office 203-622-7885 located on 1st floor of Town Hall, next to the elevators.

Property Owner's Name _____ Phone _____

Contact Person's Name _____ Phone _____

Email _____

Plumber's Name _____ Plumber's License # _____
An active P1, P3, or P7 Connecticut Plumbing License is required in order to obtain a Sewer Permit.

Reason for sewer permit _____
Examples: cap/disconnect, reconnect, septic to sewer, new, repair, relocate, change of use, cctving/dvd review.

Usage of Structure (*dwelling, pool house, commercial, etc.*) _____
If dwelling, number of family units: _____
If commercial, etc., amount of square footage: _____

SUBMIT with this application two (2) copies of a drawing/plan showing the building, the street, the Town sewer main, the proposed sewer line/pipe from the building to the existing Town sewer main, the size of pipe, the type of pipe, and a Site Plan that shows both the proposed sanitary sewer work, all storm drainage work, any permeable pavement, cultec, etc., and dvd review findings.
Documentation submitted will not be returned.
Applications for disconnect and cctving/dvd review do not require plans.

DO NOT WRITE BELOW THIS LINE; SEWER DIVISION OFFICE USE ONLY .

Fee is not submitted until after application is approved. Permit Fee $_____ [*Determined by Sewer Division*]

I approve _____/ deny _____ this application on [*date*] _____.

_____ _____ Inspector/E.A.Engr./M.Mgr.Sewer
signature *name* *title*

I approve _____/ deny _____ this application on [*date*]_____.

_____ _____ M.Mgr.Sewer/W.W.Div.Mgr.
signature *name* *title*

Decision:_____ _____ _____ _____
contacted (name) phone/email notified on: date & time by: person, machine, email, etc. Rev.5/19