Town of Montville WPCA

Sewer Connection Permit

Date ______________ **Fee** ____________ **Paid** _____________ **Account #**_____________ **CID#**________________

Name/Owner _______________________________________ **Phone #** __________________________________

Service Address ______________________________________ **Email** ___________________________________

Signature Owner / Agent____

- -

Contractor Name: ____ **Phone #** ___________________________

Address ____

License # _______________________________________ **Email** ____

Contractor Signature ____

Please provide an as-built of connection complete with all measurements from a permanent structure to street stub. Showing any and all outside cleanout, trap, vent, grease pit & grinder pump if any.

Approved by WPCA Agent ______________________________ **Tie-in / Active Date** ___________________