Town of Montville WPCA Water Connection Permit (New / Repair)

Date _____ Fee _____ Paid _____ Account #_____ CID#_____

Name/Owner _____ Phone # _____

Service Address _____ Email _____

Signature Owner / Agent _____

Contractor Name: _____ Phone # _____

Address _____

License # _____ Email _____

I hereby certify that proposed install or repair will follow all codes adopted by CT State Statues and Town of Montville Regulations:

Contractor Signature _____

Use: Residential ☐ Commercial ☐ Industrial ☐ # of Units ____ Pipe Size_____ Type of Pipe_____

Please provide an as-built of connection complete with all measurements (distance & depth) from permanent structure to shut-off.

Meter: Location _____ Number _____ Remote ID _____ Reading _____

Approved by WPCA Agent _____ Date _____