

TOWN OF CANTON WPCA
Individual Building Sewer Connection Application

Application # _____
Date: _____

1. Applicant's Name: _____ Telephone Number: _____
E-mail Address: _____
Mailing Address: _____

(City) (State) (Zip) (Cell phone)

2. Property Address _____

Building Type / Use Residential _____ Number of Units (EDUs)
 Commercial _____ Gallons per day average flow

3. Name and address of firm or person performing proposed connection.

Name: _____ Telephone Number: _____
Mailing Address: _____

(City) (State) (Zip) (Cell phone)

Estimated Start Date: _____ Estimated Date of Completion: _____

4. Provide Drawing of Proposed Building Sewer.

5. Connection Charge: _____ # of EDU's X \$4000.00 / EDU = \$ _____

6. General Requirements - The Undersigned agrees:

A. To accept and abide by all provisions of the Canton Sewer Ordinance, pertinent ordinances, policies or regulations of the Town of Canton and its WPCA.

B. To maintain the building sewer lateral at no expense to the Town.

C. To notify the WPCF Superintendent 48 hours prior to the construction of the sanitary sewer lateral connection to public sewer.

7. Signature _____