

TOWN OF CANTON WPCA
Sanitary Sewer Plan Review Application

Application #: _____

Date: _____

Applications must be received at least two (2) business days prior to the next regular scheduled meeting of the WPCA, to be placed on the agenda. Applications must include all necessary and supporting documents to process such application. Please provide 2 copies of all supporting documents for distribution. A Plan Review Fee of up to \$500 may be required, at the discretion of the WPCF Superintendent, based on the need for additional engineering assistance for the review process and determining feasibility of the project design.

1. Applicant's Name: _____ Telephone Number: _____

E-mail Address: _____

Mailing Address: _____

_____ (City) (State) (Zip)

_____ (Cell phone)

2. Property Address _____

3. Development Type: Single Family Homes: _____ Units
Multi-Unit Residential: _____ Single bed rm. Units _____ Double bed rm. Units
Commercial _____ Gallons per day (Average Flow) **
Other _____ Gallons per day (Average Flow) **
Provide basis of flow estimate**

4. Wastewater Characteristics: Provide description of wastewater pollutant and pertinent physical characteristics if other than residential sanitary wastewater: _____

5. General Requirements: The Applicant Agrees:

- A. To accept and abide by all provisions of the Town of Canton Sewer Regulations, 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 of Canton.
- C. The applicant is responsible for all charges for the plan review including inspections by the WPCA's consulting engineer.
- D. To notify the WPCF Superintendent 48 hours prior to the construction of the sanitary sewer lateral connection to public sewer.

Signature _____

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For Internal Use Only

A: Date Received by WPCF: _____
B: Date Received by WPCA: _____
C: Date Acted on by WPCA: _____
D: Date Application Closed: _____

Status: Approved Denied Approved with conditions Other (Explain) _____