

TOWN OF WOODSTOCK
P.O. Box 488
Woodstock, Vermont 05091

Phone: (802) 457-3456
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APPLICATION/PERMIT FOR SEWER CONNECTION/REPAIR/INCREASE DISCHARGE

****Application fee must accompany the signed application****

TO: Board of Sewer Commissioners of the Town of Woodstock

Application is hereby made by the undersigned pursuant to the Town of Woodstock sewer ordinance to:

_____Repair_____Connect_____g.p.d. _____Increase Sewer Discharge_____g.p.d.

At/for the following locations/facilities: _____ M____B____L_____

House Number_____Road Name_____

For the following purpose _____Home _____Business _____Other

Describe on reverse side if other than single or two family home.

Applicant agrees to install low flow plumbing fixtures further applicant agrees to be responsible for repairing or replacing any damage done to Town sewer lines, streets/roads/sidewalks and to see that said repair/connection is done in accordance with the applicable Town Sewer Regulations or as determined by the Municipal Manager. The applicant also agrees to hold the Town and Village harmless from any damage/injury caused to a third party. To pay the designated application fee to the Town at the time of the application for this permit and to advise the Superintendent of the Sewer Department in advance of construction to permit scheduling of the repair inspection.

Applicant must obtain easements from all affected landowners if any part of the sewer line passes on lands of another landowner.

BY SIGNING THIS APPLICATION, I UNDERSTAND THAT I ALSO NEED TO OBTAIN A POTABLE WATER SUPPLY AND WASTEWATER DISPOSAL PERMIT FROM THE STATE OF VERMONT (802) 883-8850.

DATE: _____ SIGNATURE: _____

REPRESENTING: _____

ADDRESS: _____ DATE: _____

APPROVED BY MANAGER: _____

PERMIT NO. _____

(See reverse for fee schedule)

Schedule of Fees

Received by: _____

Date Received: _____

THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF APPROVAL BY THE MUNICIPAL MANAGER. PERMIT FEE WILL BE REFUNDED IN FULL (WITHOUT INTEREST) IF REVOKED, WITHDRAWN OR NOT EXECUTED WITHIN ONE YEAR.