



LEDYARD WPCA

WASTEWATER DEPT. FORM

**Sewer Service Construction
Permit Application**

Wastewater Eng./Billing

THIS SECTION TO BE COMPLETED BY INSPECTOR

PERMIT: _____

WORK OWNERSHIP: Main to Property Line: Ledyard WPCA Owner Not Applicable, Pre-Existing
Property Line to Building: Ledyard WPCA Owner Not Applicable, Pre-Existing

I. APPLICANT INFORMATION

PLUMBER INFORMATION

Name: _____ **Plumbing License:** _____

Email: _____ **Phone #:** _____

OWNER INFORMATION

Name: _____ **Email:** _____

Mailing Address: _____ **Phone #:** _____

II. SERVICE INFORMATION

Sewer Service Address: _____

Service Type(s): Forced Sewer Gravity Sewer **Service Pipe Size:** _____ **Grease Removal System:** Yes No

Property Type: Residential Commercial Industrial **Installation Type:** Repair New Installation

III. OWNER ACKNOWLEDGEMENT

The undersigned, as property owner, does hereby request a permit to use the public sewer system. I agree to abide by the Sewer Ordinance of The Town of Ledyard.

Print Name: _____ **Sign:** _____ **Date:** _____

IV. QUALIFIED PLUMBER ACKNOWLEDGEMENT

The undersigned, as a licensed plumber, does hereby request a permit to install a building sewer connected to the public sewer system. I agree to abide by the Sewer Ordinance of The Town of Ledyard, to pay all costs and expenses incurred by The Town which are incident to the installation, connection, and inspection of the building sewer, and to furnish a certificate of Public Liability Insurance with limits of at least \$1,000,000.00 for bodily injury, and \$1,000,000.00 covering Property Damage; both of which shall remain in full force and effect for a period of at least one year from the date of approval. Said insurance shall indemnify the Water Pollution Control Authority of The Town of Ledyard, its employees, agents and representatives, and The Town of Ledyard against any and all claims, liability, or action for damages, incurred in, or in any way connected with the performance of the work, and for or by reason of any acts or omission in the performance of the work.

Print Name: _____ **Sign:** _____ **Date:** _____



**CALL BEFORE YOU DIG! TOLL-FREE, STATEWIDE 1-800-922-4455
OR VISIT WWW.CBYD.COM**