

SEWER APPROVAL/CONTACT FORM

DATE

NAME

ADDRESS

PHONE

SERVICE ADDRESS

PROPERTY OWNER'S NAME

1. WHAT TYPE OF PROJECT ARE YOU DOING?

___ **New Construction (Single-Family, Multi-Family, Commercial, ect.)**

___ **Addition (Single-Family, Conversion to Multi-Family, Commercial etc.)**

Other: (Please provide details)_____

2. CONTACT SEWER DEPARTMENT FOR APPROPRIATE FORMS, PERMITS, AND INFORMATION RELEVANT TO YOUR PROJECT.

3. RETURN COMPLETED FORM(S) TO :

TOWN OF CROMWELL

SEWER DEPARTMENT @ 41 WEST STREET, CROMWELL, CT 06416

PHONE (860) 632-3430 FAX (860) 632-3477

APPROVED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

COMMENTS: _____
