

**SEWER APPROVAL/CONTACT FORM**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SERVICE ADDRESS

\_\_\_\_\_  
PROPERTY OWNER'S NAME

(\_\_\_\_\_) \_\_\_\_\_  
PROPERTY OWNER'S PHONE

\_\_\_\_\_  
CONTACT NAME (CONTRACTOR/AGENT)

(\_\_\_\_\_) \_\_\_\_\_  
PHONE

**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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_