

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, etc.)

\_\_\_ 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: [dparisi@cromwellct.com](mailto:dparisi@cromwellct.com) or [mmilardo@cromwellct.com](mailto:mmilardo@cromwellct.com)

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_