

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: rpeck@cromwellct.com or 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: _____

