



# TOWN OF NORTHFIELD

www.northfieldma.gov

## SEWER COMMISSION

nwwtf@northfieldma.gov  
413.498.5116

### APPLICATION FOR NEW SEWER SERVICE

<p>APPLICATION DATE</p> <p>FEES:</p> <p>PERMANENT PRIVILEGE: \$2,500.00</p> <p>APPLICATION : \$150.00</p> <p><b>TOTAL: \$2,650.00</b></p> <p>CHECKS PAYABLE TO THE TOWN OF NORTHFIELD</p> <p>To schedule an inspection with the Wastewater Treatment Plant Operator call 413-498-5116</p>	<p>OWNER'S NAME</p> <p>CURRENT ADDRESS</p> <p>HOME PHONE      WORK PHONE      CELL PHONE</p>	
SERVICE TO BE INSTALLED AT:		
KITCHEN SINKS:	URINALS:	SHOWERS:
TOILETS:	BATH TUBS:	GARBAGE DISPOSALS:
WASHER:	DISHWASHER:	OTHER:
MAXIMUM NO. OF PEOPLE TO USE THE ABOVE FIXTURES:		
NO. OF FAMILIES:		

- A PLAN SHOWING THE LOCATION OF THE PROPOSED INSTALLATION IS REQUIRED.
- THE SIZE OF SERVICE SHALL BE 6 INCH PVC PIPE

EXCAVATOR'S NAME

ADDRESS

PHONE

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, THE UNDERSIGNED AGREES:

TO ACCEPT AND ABIDE BY ALL PROVISIONS OF THE SEWER USE REGULATIONS OF THE TOWN OF NORTHFIELD AND ALL OTHER PERTINENT RULES AND REGULATIONS THAT MAY BE ADOPTED IN THE FUTURE. AS BUILT PLANS REQUIRED UPON PROJECT COMPLETION

SIGNATURE OF OWNER

DATE

#### OFFICE USE ONLY

APPLICATION APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE TO BE INSTALLED: \_\_\_\_\_ TIME: \_\_\_\_\_

PROPOSED SEWER SERVICES

SKETCH OF BUILDING AND LOCATION OF SEWER SERVICES

OWNER OR BUILDER \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

NEW SERVICES AT \_\_\_\_\_

DISTANCE (EDGE OF PAVE TO BUILDINGS) \_\_\_\_\_

DIFFERENCE IN ELEVATION \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to not the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check below.

I DO NOT WISH TO FURNISH THIS INFORMATION: \_\_\_\_

RACE/NATIONAL ORIGIN:

AMERICAN INDIAN/ALASKAN NATIVE \_\_\_\_

ASIAN OR PACIFIC ISLANDER \_\_\_\_

WHITE/NON HISPANIC \_\_\_\_

BLACK/NON HISPANIC \_\_\_\_

HISPANIC ORIGIN \_\_\_\_

OTHER(SPECIFY) \_\_\_\_\_

FEMALE \_\_\_\_

MALE \_\_\_\_

RURAL DEVELOPMENT IS AN EQUAL OPPORTUNITY LENDER. COMPLAINTS OF DISCRIMINATION SHOULD BE SENT TO: SECRETARY OF AGRICULTURE, WASHINGTON, DC 20250