



Daniel Smith
Director

WATER POLLUTION CONTROL AUTHORITY

TOWN OF STONINGTON

152 ELM STREET

STONINGTON, CONNECTICUT 06378

860-535-5065 * Fax 860-535-1023

APPLICATION FOR SEWER WORK PERMIT

OWNER: _____

OWNER ADDRESS: _____ OWNER PHONE #: _____

ADDRESS OF CONNECTION: _____

Type of Use: Residential ☐ Commercial ☐ Industrial ☐

Type of Work: Connection ☐ Disconnection ☐ Repair ☐ CBYD Request Number: _____

The undersigned agrees to abide by all provisions of laws, ordinances and rules and regulations pertaining to Stonington sewers which are now in force or may be adopted in the future. Please call 48 hours in advance for inspections.

SIGNED: _____ (OWNER) DATE: _____

SEWER CONTRACTOR: _____ LICENSE #: _____

PLUMBER: _____ LICENSE #: _____

PLUMBER/CONTRACTOR EMAIL: _____ PHONE #: _____

Permit Issued: Stonington WPCA Permit Number: _____

RECEIVED BY: _____ DATE: _____ FEE RECEIVED: \$ _____

Contractor's Statement: I will thoroughly investigate the existing plumbing at this location and will disconnect and properly divert all roof drains, yard drains, cellar drains, cooling water or other unauthorized connections to the sewer. I further certify that any necessary plumbing installation will be installed and will comply to the applicable codes of the Town of Stonington and the State of Connecticut.

CONTRACTOR'S SIGNATURE: _____

PLUMBER'S SIGNATURE: _____

---DO NOT WRITE IN BOX BELOW - FOR OFFICE USE ONLY---

INSPECTION RECORD: # _____	CONNECTION:	DATE	INITIALS
	SEPTIC TANK(S)/CESSPOOLS:	DATE	INITIALS
	PUMPED OUT AND FILLED IN	DATE	INITIALS

FINAL INSPECTION AND ALL WORK APPROVED: _____

COMMENTS: _____

WPCA IS NOT RESPONSIBLE FOR ERRORS ON AS-BUILT DRAWINGS OR THE MARKING OF LATERAL LOCATIONS