Permit # C- _____

TOWN OF BRANDON
APPLICATION FOR SEWER TAP and/or RESERVED SEWER CAPACITY

Property Information

Project Location	
Tax Map #	
Estimated Connection Date	

Applicant

Name		Phone #	
Mailing		Fax #	
Address		e-mail	

Property Owner

Name		Phone #	
Mailing		Fax #	
Address		e-mail	

Plumber or Contractor

Name		Phone #	
Mailing		Fax #	
Address		e-mail	

Licensed Designer or Engineer

Name		Phone #	
Mailing		Fax #	
Address		e-mail	

- **A Licensed Designer or Engineer may be required to provide information before this permit can be processed.**

- **The applicant and property owner agree to adhere to the conditions, specifications and restrictions forming part of this permit, if issued and to maintain the private line to the main at no expense to the Town.**

_____   _____
Signature of Applicant   Date

_____   _____
Signature of Property Owner   Date

Town Office Use

Administrative Fee		$ 50.00	Date Received: _____
Recording Fee		$ 10.00	Date Completed: _____
Deposit		$ 250.00	Date Connected: _____
Capacity	$2.79 x _____ gpd = $ _____		Check #: _____
Total Due		$ _____	Received By: _____

( ) <u>**Sewer Tap**</u>

The applicant may be asked to provide complete plans to scale before the application will be considered. Town of Brandon personnel shall perform <u>all</u> taps to the municipal sewer.   The applicant is required to call (802) 247-6730 seven days prior to the proposed connection date to schedule with Wastewater personnel. A Tuesday, Wednesday or Thursday is preferred. Exceptions will be made to accommodate emergencies

( ) <u>**Sewer Capacity**</u>

<u>**Project Information:**</u>

- ( ) Existing Improved Property

- ( ) New Construction

<u>**Flow Calculations:**</u>

- ( ) Individual Single-Family Residential

  - # of potential bedrooms _____

- ( ) Multi-Residential

  - Number of potential bedrooms _____

  - Number of potential units _____

- ( ) Non-Residential (Commercial/Industrial)

  - Name of business _____

  - Type of establishment _____

  - Number of employees _____

  - Number of customers, clients, participants or visitors _____

  - If meals are served, number of meals per day _____

  - If meals are served, number of seats _____

  - Other _____

Existing Design Flow: _____ gpd   Proposed Design Flow: _____ gpd

Comments:

_____

_____

_____

_____

_____

_____