

CITY OF GREENFIELD
DEPARTMENT OF PUBLIC WORKS
189 Wells Street, Greenfield, MA 01301
Phone: 413-772-1528

APPLICATION FOR NEW SEWER CONNECTION: RESIDENTIAL

Address of proposed Residence: _____

Type: (circle one) **Single Family** **Duplex** **Multi-Family** **Condo** **Other:** _____

OWNER INFORMATION:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

CONTRACTOR/EXCAVATOR INFORMATION:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Please provide contractor's current insurance certificate if not already on file at the DPW.

CONNECTED FIXTURES: (fill in #)

Dishwashers: _____ Urinals: _____

Showers: _____ Kitchen Sinks: _____

Toilets: _____ Bathrooms: _____

Bathtubs: _____ Garbage Disposals: _____

Utility Sinks: _____ Other: _____

DESIGN FLOW:

of Bedrooms = _____ x 110 gal/bedroom = _____

- The size of the service shall be 4 or 6 inches in diameter of SDR 35 PVC.
- Attach a plan showing plumbing details, sewer connections, sewer cleanouts, roof drains, footing drains, cellar drains and sumps and appurtenances by size, location and elevation.
- No new service will be installed between December 1st and April 1st. No new water service applications will be accepted after November 15th.

AGREEMENT:

In Consideration of the granting of this permit, the undersigned agrees;

1.) To accept and abide by all provision of the Sewer Use Regulation of the City of Greenfield, and of all other pertinent rules or regulations that may be adopted in the future. **2.)** To hire a contractor to install the sewer service and provide all materials. **3.)** To pave a minimum of 10 feet of driveway apron and patch the road (water service will not be turned on until this is done). **4.)** To notify the Engineering Inspector at 413-772-1528 between the hours of 7:00am and 2:30pm when the sewer service is ready for inspection, but before any portion of the work is covered.

Application valid for 1 year from date approved by DPW Engineering.

Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

PERMIT FEE: \$1,000 Check #: _____ Received By: _____

REVIEWS AND APPROVALS:

A. Engineering Division:

Signature: _____ Date: _____

B. D.E.P. Permit:

Is a D.E.P. Sewer Extension Permit Required? ***Yes** **No** Reviewed? : **Yes** **No**
(*Yes if flow is over 15,000 GPD or if sewer main is extended more than 1,000')

Signature: _____ Date: _____

C. Connection inspected:

Date inspected: _____ Service size/material: _____

Signature: _____ Date: _____

Comments: _____

