

**Town of Southington Application for Drain Laying Permit**

**Sewer Department**

Date: \_\_\_\_\_

Plumber's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Plumber's License Number: \_\_\_\_\_

**A copy of Plumber's license will be kept on file. The licensee must perform all plumbing work related to this permit. All work must be inspected prior to backfilling. Town Inspector must be present when connection/disconnection is made to the Town's sewer system.**

Applicant if other than the Licensed Plumber: \_\_\_\_\_

If the applicant is other than the licensed plumber, proof of authorization to apply for the permit signed by the licensee must be provided. Original signature is required.

Plumber's Cell Phone: \_\_\_\_\_

Excavator's Name and Cell Phone: \_\_\_\_\_

Property Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

Description of Work being done: \_\_\_\_\_

**CHECK ALL THAT APPLY**

Grease Trap  Internal  External

Repair  Disconnect  New Lateral Connection  Connection to Existing Lateral\*\*

\*\*Contractor must provide sufficient proof to the Town's Inspector that the lateral is not currently in use (camera, smoke test, visual inspection of cap in situ, other)

***\$15.00 Permit Fee***

Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_