



TOWN OF ACTON  
SEWER COMMISSIONERS

AMOUNT PAID \_\_\_\_\_  
CHECK NO. \_\_\_\_\_  
YEAR \_\_\_\_\_  
NUMBER \_\_\_\_\_

**APPLICATION FOR CONNECTIONS WITH SEWERAGE SYSTEM**

(fill out form and return to the Health Department)

The undersigned applies for permission to connect to the common sewer and to construct a particular sewer from the \_\_\_\_\_ at Number \_\_\_\_\_  
(dwelling, store, factory, etc.) (street, avenue, road)

for draining the following fixtures

Residential: \_\_\_ Sinks \_\_\_ Toilets \_\_\_ Tub \_\_\_ Shower/Tubs  
# of Bedrooms \_\_\_\_\_

Commercial: Total Gallons Per Day Discharge \_\_\_\_\_

The undersigned agrees to pay the entire cost of the particular sewer from the street main to the building to be drained, and proposes to employ \_\_\_\_\_ to do the work.  
(Licensed Utility Contractor)

The undersigned agrees to conform with all laws, rules, regulations and ordinances, relating to sewers, now in force, or which may be adopted by the Town of Acton in relation thereto.

The undersigned further agrees to comply with all plumbing regulations, adopted by the Town and relating to sewers, and to provide access, at all reasonable hours, for purpose of inspection by authorized agents of the Town.

Application Approved \_\_\_\_\_  
(date)

By \_\_\_\_\_  
Health Director

Signed \_\_\_\_\_  
(owner, agent, attorney)

Permit Granted \_\_\_\_\_

Address \_\_\_\_\_

By \_\_\_\_\_

Tel. No. \_\_\_\_\_

Dated \_\_\_\_\_