

SEWER COMMISSION  
CITY OF MILFORD

APPLICATION FOR SEWER CONNECTION

ONE & TWO FAMILY RESIDENTIAL ONLY

ALL APPLICATIONS MUST BE COMPLETELY FILLED OUT

ADDRESS \_\_\_\_\_  
NEAREST CROSS STREET \_\_\_\_\_ MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
SINGLE FAMILY RESIDENCE \_\_\_\_\_ TWO FAMILY RESIDENCE \_\_\_\_\_

IS RESIDENCE CONNECTED TO THE CITY'S SEWER SYSTEM? YES \_\_\_\_\_ NO \_\_\_\_\_  
IS THIS APPLICATION FOR SEWER CONNECTION ONLY? YES \_\_\_\_\_ NO \_\_\_\_\_

PROPOSED CONSTRUCTION: NEW \_\_\_\_\_ ADDITION \_\_\_\_\_ REMODEL \_\_\_\_\_

IS PUMP SYSTEM REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

REQUESTING FIXTURE COUNT: TOILETS \_\_\_\_\_ HAND SINKS \_\_\_\_\_ TUB/SHOWER \_\_\_\_\_  
IDENTIFY TYPE OF TUB \_\_\_\_\_  
SHOWERS \_\_\_\_\_ KITCHEN SINKS \_\_\_\_\_  
OTHER \_\_\_\_\_

PRESENT FIXTURE COUNT: TOILETS \_\_\_\_\_ HAND SINKS \_\_\_\_\_ TUB/SHOWER \_\_\_\_\_  
SHOWERS \_\_\_\_\_ KITCHEN SINKS \_\_\_\_\_ OTHERS \_\_\_\_\_

RELOCATION OF FIXTURES: TOILETS \_\_\_\_\_ HAND SINKS \_\_\_\_\_ TUB/SHOWER \_\_\_\_\_  
IDENTIFY TYPE OF TUB \_\_\_\_\_  
SHOWERS \_\_\_\_\_ KITCHEN SINKS \_\_\_\_\_  
WASHING MACHINE OUTLET \_\_\_\_\_  
OTHER \_\_\_\_\_

PRESENT ROOMS: BEDROOMS \_\_\_\_\_ DENS \_\_\_\_\_ LOFTS \_\_\_\_\_ ETC \_\_\_\_\_  
ADDITIONAL ROOMS: BEDROOMS \_\_\_\_\_ DENS \_\_\_\_\_ LOFTS \_\_\_\_\_ ETC \_\_\_\_\_

APPLICANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(PLEASE PRINT)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

CHECK ONE OF THE FOLLOWING: OWNER \_\_\_\_\_ PROSPECTIVE OWNER \_\_\_\_\_ REPRESENTATIVE \_\_\_\_\_

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The applicant affirms that the information contained in this application is true to the best of their knowledge. The Applicant agrees and understands that should any of the information contained herein be found to be untrue that that shall be grounds for revocation of any approvals granted based on this application.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SEWER COMMISSION REQUIREMENTS

The Board of Sewer Commissioners require that a 6 inch diameter PVC inspection riser pipe is to be installed within 12 inches of the ground surface and plugged. The entire installation shall be water tight. A steel plate, 6: x 6" x 1/8" shall be placed directly above the plugged end of the inspection riser. Contact the office of the City Engineer for additional requirements and technical specifications.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

LOT ACREAGE \_\_\_\_\_ WATER FLOW \_\_\_\_\_  
DISCHARGE PLANT \_\_\_\_\_ CONNECTION PERMIT NO. \_\_\_\_\_ SEWER MAP \_\_\_\_\_  
USER FEE ACCT NO. \_\_\_\_\_ WATER ACCT NO. \_\_\_\_\_ UNITS \_\_\_\_\_

APPROVED BY SEWER COMMISSION \_\_\_\_\_ DATE \_\_\_\_\_

DENIED BY SEWER COMMISSION \_\_\_\_\_ DATE \_\_\_\_\_