

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

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 _____