

TOWN OF LUNENBURG

SEWER RECONNECTION PERMIT APPLICATION

Date: _____

Please check one: Residential Commercial

Please check one: Gravity Low Pressure *—If pressure, please indicate approved

Manufacturer _____ Model No. _____

OFFICE USE ONLY
Fee
Parcel ID

(*Contractor will ensure that Startup report to Homeowner at grinder pump installation and valve is turned on at street)

Please check box if this is related to NEW CONSTRUCTION (See Below)

The undersigned _____ of _____
(printed name) _____ (home address)

hereby applies for permission to RECONNECT to the sewer at No: _____ Street _____
in the Town of Lunenburg.

In the case of new construction, I have initiated the Building Permit process to ensure that it is a buildable lot and that the plans conform to current zoning restrictions.

Date of initial submittal to Building Department: _____ Viewpoint Project Number: _____

Signed: _____ Daytime phone #: _____
Homeowner

Mailing Address (if different): _____

Installation Contractor: _____ Licensed Plumber: _____

_____ *DPW Director Approval*

_____ *Date Approved*

SKETCH OF PROPOSED CONNECTION LAYOUT