

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