



SEWER AUTHORITY
TOWN OF NORTH BRANFORD
Application for Sewer Connection Permit

Date: _____ Permit No. _____

Property Address: _____ Map: _____ Lot: _____ List: _____

Name of Property Owner: _____

Contractor: _____ **Business Name:** _____

Address: _____

Contact #/Cell Phone: _____ **State of CT License #:** _____

Work to Begin: _____ Call Before You Dig Number: _____

Type and Size of Pipe: _____

Special Conditions: _____

IMPORTANT:

1. A copy of the Rules and Regulations governing the installation or construction of sanitary pipes or sanitary drains that may connect with the Sanitary Sewer System in the Town of North Branford, as adopted by the Sewer Authority, should be obtained and strictly complied with.
2. The Sewer Authority may revoke this permit at any time.
3. This permit does not authorize the doing of any acts affecting private property without the owner's consent.
4. No public sewer or appurtenance may be cut into or covered except in the presence of the Town Engineer or other Agent designated by the Sewer Authority.
5. The Town of North Branford and its agents assume no responsibility for underground or other conditions, objects or obstructions which may be found in the course of the work.

Permit Bond: Surety Bond Passbook Letter of Credit Cash Bond Amount: _____

Note: The bond shall remain in effect for the duration of the connection and for a period of one year after final inspection.

Certificate of Insurance designating the Town of North Branford as additional insured: Yes No

The undersigned hereby agrees to comply with all ordinances of the Town of North Branford and all Rules and Regulations of the Sewer Authority and expressly agrees to indemnify and save harmless the Town of North Branford, the Town of North Branford Sewer Authority and their agents from all costs or damages caused by any act or omission on his (its) part while acting or purporting to act under the permit pursuant to this application. He (it) agrees not to cover the work before inspection or to make final connections inside or outside any structure before inspection.

Signed : _____ Date: _____
Contractor/Applicant

Approved By: _____ Date : _____
Engineering Department

For Engineering Department Use Only

Inspection: Inspected By: _____ Date: _____

Final Inspection: Inspected By: _____ Date: _____

Permit Fee: \$25 (Residential) _____

Permit Fee: \$35 (Comm/Indus) _____

CC: File, Tax Collector

Rev. 03/2020