

PERMIT ID# _____

**TOWN OF PROCTOR
WASTEWATER DEPARTMENT
PERMIT APPLICATION**

Date: _____

Name: _____ Development Name: _____

Street Address: _____ Lot #: _____

Billing Name: _____

Billing Address: _____

Application is for: Residential: _____ Commercial: _____

Type of Connection Applied for:

Single Unit Part of a Subdivision _____

Single Unit Not Part of a Subdivision _____

Subdivision Connection _____

Size of Service Requested:

Number of Units to be Served per Connection: _____

Application for Sewer Service Approved by: _____ Date: _____
Superintendent

Application for Sewer Service Approved by: _____ Date: _____
Selectboard Chair

For Office Use Only

Date Paid for Sewer Connection: _____ \$ _____

Signed by: _____
Superintendent

Date of Connection: _____ Date Placed in Service: _____