



TOWN OF WESTWOOD DEPARTMENT OF PUBLIC WORKS

50 CARBY ST, WESTWOOD, MA, 02090
781-326-8661

APPLICATION FOR SEWER CONNECTION

APPLICATION DATE _____ ADDRESS OF PROPOSED WORK _____

ASSESSORS' MAP-LOT _____ DIG SAFE # _____ TRENCH PERMIT # _____

CONTRACTOR PERFORMING WORK: _____

CONTRACTOR PHONE: _____

CONTRACTOR STREET ADDRESS _____

CONTRACTOR TOWN, STATE: _____

STRUCTURE TYPE _____

NEW CONSTRUCTION _____ EXISTING STRUCTURE _____

RESIDENTIAL/ # BEDROOMS: _____ COMMERCIAL/ GROSS FLOOR SQ FT: _____

APPLICATION/ INSPECTION FEE \$ _____

SYSTEM CONNECTION FEE \$ _____

TOTAL \$ _____

***** PERMIT VALID TWELVE MONTHS FROM DATE OF ISSUE *****

ENGINEERED STAMPED AS-BUILT REQUIRED WITHIN FIVE WORKING DAYS OF EXTERIOR SEWER CONNECTION OTHERWISE NO ADDITIONAL PERMITS WILL BE ISSUED

APPLICANT SIGNATURE: _____ TITLE: _____

PROPERTY OWNER _____

BILLING ADDRESS _____

***** OFFICIAL USE ONLY *****

APPLICATION RECEIVED BY _____ DATE RECEIVED: _____ PROPOSED PLANS (3 SETS) PROVIDED _____