APPLICATION FOR DRAIN LAYER PERMIT
TOWN OF SOUTH WINDSOR
PUBLIC WORKS DEPARTMENT
TOWN HALL
1540 SULLIVAN AVENUE
SOUTH WINDSOR, CT
FEE $80.00

Location of proposed work: ____________________________ Lot # ______
Street No. Street Name

Premises owned by:__________________________________________

Name of Firm:________________________________ Phone: ______

Address of Firm:__________________________________________

TYPE OF WORK:
Lay House Drain______; Repair House Drain______;
Lay Lateral for building with connection______; or no connection______;
Lay Main______;
Lay Lateral for Commercial/Industrial Building_________ number of ___ acres

Connection will be made with _______________________

Existing Water Supply: Public Water_______ Well________

Proposed Start Date_________ Estimated time for completion ___________

ALL WORK TO BE IN ACCORDANCE WITH TOWN OF SOUTH WINDSOR STANDARDS,
ALL OSHA REQUIREMENTS AND CONDITIONS ATTACHED TO THE PERMIT

Permit is to be issued to _________________________ the holder of Drain
Layer’s License No. _____________. Only holders of P-1, P-7 or W-9 licenses
will be issued a permit. PERMIT WILL EXPIRE THIRTY (30) DAYS AFTER
DATE OF ISSUANCE. The undersigned Drain Layer hereby agrees to all the terms
and conditions set forth in the permit and attached thereto. Applicant has received
Town Street Excavation Permit No. _______ and/or ConnDOT Permit No. ________.

CBYD No. ___________________________.

PLEASE NOTE:
IF A SANITARY SEWER LATERAL
IS WITHIN 75 FEET OF A WELL
IT MUST BE AIR TESTED

Signed:__________________________ Print Name:__________________________
Licensed Drain Layer

Date:______________________________