



PERMIT FOR SEWER CONNECTION

TOWN OF BEACON FALLS
WATER POLLUTION CONTROL AUTHORITY
10 MAPLE AVENUE
BEACON FALLS, CONNECTICUT 06403

Date: _____

Owner and Address Information

Property Owner: _____ Property Address: _____

Lot/Unit Number: _____

Owner Address (if different from above): _____

Owner Email: _____ Owner Phone: _____

Type of connection (place a check next to the type of connection):

New home connection

Existing home with new connection

Repair on existing connection

Water source (place a check next to the type of water source):

CT Water

Aquarion

Well Water

Permit/Payment Information

Residential Connection Permit - \$35 per line

Amount Paid: _____ Date Paid: _____ Check #: _____ Received By: _____

Industrial/Commercial Connection Permit - \$150 per line

Amount Paid: _____ Date Paid: _____ Check #: _____ Received By: _____

Connection Assessment Fee - \$4000 per unit

of units _____ Amount Paid: _____ Date Paid: _____ Check #: _____ Received By: _____

Contractor Information

Contractor Name: _____

Contractor Address: _____

State License Number: _____ Expiry Date of License: _____

Contractor Email: _____ Contractor Phone: _____

Contractor Signature: _____

CBYD #: _____

The Town must have a current Certificate of Insurance for Contractor on file. The COI must be current and have minimum limits as outlined below. A Pavement Repair Bond of \$10,000 is required when Town roads are impacted by the Sewer connection.



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(To be completed by WPCA)

Is the contractor COI on file? (check "YES" or "NO") YES NO

Are limits of COI met? (check "YES" or "NO")

Public Liability Minimum \$250,000/\$500,000 YES NO

Property Damage Minimum \$100,000/\$200,000 YES NO

Expiration Date of COI: _____

Is a \$10,000 Pavement Repair bond required? (check "YES" or "NO") YES NO

If yes, is the Bond on file? (check "YES" or "NO") YES NO

Bond Amount: _____ Bond Issuer: _____ Date Issued: _____

In accordance with the current regulations of the Beacon Falls Sewer Authority, Beacon Falls, Connecticut, permission is hereby granted to connect with the domestic sewer to:

(Owner & Address) _____ **Lot/Unit #** _____

Permit Issued By: _____ **Date:** _____

Signature: _____

THIS PERMIT EXPIRES IN 30 DAYS – NO EXCEPTIONS

Inspection _____

CALL BEACON FALLS WASTEWATER TREATMENT PLANT 48 HOURS BEFORE INSPECTION IS NEEDED AT (203) 729-2926 OR (203) 893-0727.

Date Inspected: _____

Result of Inspection (check "PASS" or "FAIL"): PASS FAIL

Inspector Notes: _____

Inspection Completed By: _____

Inspector Signature: _____ Date: _____



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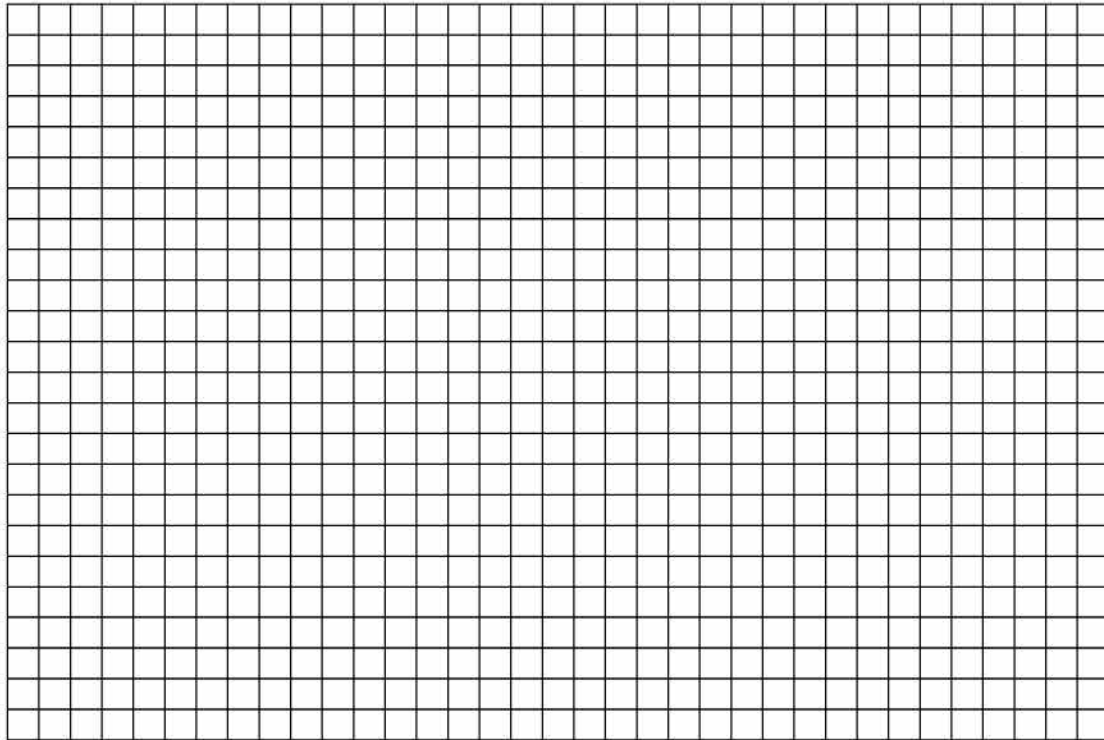
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Diagram of House:



Type of Pipe and Size: _____

Base Material: _____

Cover Material: _____