

**Anytown**  
**55 MAIN ST**  
**ANYTOWN VT 05555**

**Municipal sewer connection permit**

*An asterisk (\*)  
represents  
required information*

|                      |  |
|----------------------|--|
| Parcel number* _____ | <small>Office use only</small><br>Permit number _____ Hearing number _____ |
|----------------------|--|

**Parcel location information**

Street number \_\_\_\_\_ Street/Road name\* \_\_\_\_\_ Apt number \_\_\_\_\_

Other location information \_\_\_\_\_

**Permit applicant information**

Name\* \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Parcel owner information**

Name\* \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

|                        |                       |                                      |
|------------------------|-----------------------|--------------------------------------|
| Application date _____ | Application fee _____ | Land records: Book _____ Pages _____ |
|------------------------|-----------------------|--------------------------------------|

Description of permit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|   |                                 |
|---|---------------------------------|
| Is there a PLAT for this permit? <input type="checkbox"/> YES <input type="checkbox"/> NO | Number of acres in parcel _____ |
|---|---------------------------------|

|  |
|--|
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL |
| Bedrooms to be served by permit _____                                    |

|  |
|--|
| Allocation requested (gallons per day) _____ |
| Allocation approved (gallons per day) _____  |

|  |
|--|
| Date of inspection _____                     |
| Action taken as a result of inspection _____ |