

Anytown
55 MAIN ST
ANYTOWN VT 05555

Municipal water connection permit

An asterisk ()
represents
required information*

Parcel number* _____	<small>Office use only</small> Permit number _____ Hearing number _____
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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 _____
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Description of permit _____

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